THE PREVALENCE OF ELDER ABUSE IN IOWA

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TO Rich and Jenny

FOR ECB

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An Abstract of a Thesis by
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The prevalence of abuse of the elderly in the state of Iowa, as well as the nature and characteristics of the abused and their abusers was investigated. The sample included 500 randomly selected heads of household age 65 years old and older residing in the state of Iowa. They were mailed an elder abuse survey designed by the researcher. The response rate was 80.8%. The majority of respondents were 65-to-74-year-old urban-dwelling males that were living with a spouse and had no impairments. None of the respondents reported being a victim of abuse. Slightly over 2% of the respondents reported 16 cases of abuse of elderly acquaintances. The majority of elders reported as being abused were impaired females. Support was provided for the dependency theory as a cause for elder abuse. Suggestions for further research and implications are discussed.

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THE PREVALENCE OF ELDER ABUSE IN IOWA

CHAPTER I.

Introduction

The primary purpose of this study was to investigate the prevalence of abuse of the elderly in the state of Iowa, as well as the nature and characteristics of those abused and their abusers. Various demographic, social, and health status variables of the abused elders were examined to assist in forming a more complete picture of the problem.

Pedrick-Cornell and Gelles (1982) maintain that the incidence and prevalence of abuse of the elderly is unknown. They emphasize that generalizations from the results of the studies that have been done must be made cautiously because of methodological problems and limitations.

The American Public Welfare Association and the National Association of State Units on Aging (1985) study determined that various problems made it impossible to accurately depict the national picture of elder abuse, but data did show an increase in number of reports of alleged or suspected cases of elder abuse and neglect. The United States (U.S.) House of Representatives Subcommittee on Health and Long-Term Care of the Select Committee on Aging

concluded that the incidence of elder abuse had increased by 100,000 people annually from 1981 to 1985 (U.S. House Subcommittee, 1985). This Subcommittee, in 1985, estimated the national incidence of elder abuse to be 1.1 million or approximately 4% of the nation's elderly.

An early study by Block and Sinnott (1979) examined abuse reports from professionals and elders in Maryland. Abuse cases were reported by just over 4% of the elderly respondents. According to Block and Sinnott, if this incidence does relate nationally, it would mean nearly one million cases. They allege their sample of elders was fairly representative of elders nationwide.

The estimated 1.1 million national incidence rate extrapolated to Iowa would be 200,000 victimized elders (Governor's Task Force on Elder Abuse, 1987). A survey of service providers for the elderly, conducted by the Iowa Department of Elder Affairs (1986), found that 70% of the respondents thought abuse of the elderly was increasing. The number of reported elder abuse cases varied widely among groups of respondents, with rates ranging from under 1% to 7.9% of the population served by the respective agency.

The number of elderly Iowans suffering from abuse has been relatively unknown. Only one major study had been done in Iowa to determine how many elderly were victims. Enough

data and anecdotal accounts were available, however, to support a serious concern for the well-being of the elderly. The number of elderly being abused needed to be investigated and determined because it appeared to be a serious problem for a large number of people and the numbers were increasing. The elderly were at risk of violence and distress from abuse. The prevalence of elderly abuse in Iowa was a question that needed to be answered.

The acknowledgement of elder abuse as a problem has been very recent and research is at a beginning stage, with much needing to be done. This study of the prevalence of elder abuse in Iowa provides information to add to the growing knowledge base on abuse of the elderly. The results gained provide guidance for future studies.

This study will ultimately, it is hoped, aid in the protection of the vulnerable elderly by providing knowledge that can be used for prevention, identification, and intervention. Investigation of the prevalence and exploration of the factors related to the abused elder are a start in providing information to help people understand the serious nature of the problem. Rathbone-McCuan and Voyles (1982) contend that lack of knowledge and denial by professionals are the two major barriers in prevention of and intervention in abuse of the elderly.

Based on demographic and sociological factors, there are reasons to predict that abuse of the elderly will increase in the future. U.S. Bureau of the Census information indicates that the population of the U.S. is aging. Projections show a major increase is expected in the portion of the population age 65 years and over. The 75-years-and-older age group is growing faster than any other in the U.S (U.S. House Subcommittee, 1985).

The fourth highest proportion of elderly people in the U.S. is in Iowa (U.S. Bureau of the Census, 1985). There has been a big increase in the age 75-years-and-over segment in Iowa in recent years. Iowa also leads the nation in U.S. percent of the total population 85 and older.

The 75-years-old-and-over age group is the most vulnerable to physical, financial, social, and mental crisis requiring assistance from family and society (Steinmetz & Amsden, 1983). The family provides the majority of care and assistance for dependent elderly (Brody, 1985). Smaller families and increasing numbers of women (the traditional caretakers) working have decreased the number of caregivers readily available.

These factors point to increasing numbers of old (75+) elderly, increased dependency of the elderly, and an increase in family caregiving. Caregiving for a dependent

elder may be a very stressful experience. Abuse may be a result.

Iowa, with its large proportion of elderly, especially the old elderly, is extremely vulnerable to the problem of elder abuse. Research on the abused elderly is vital to the well-being of Iowa's elderly citizens and their families. Identifying the numbers and circumstances of the elderly who are abused is necessary for directing service workers and professionals who deal with the elderly and their families, furthering research, and determining social policies.

Nurses provide care and assistance to those in need, as well as act in the role of advocate. Results of this study will make nurses more aware of the problem and seriousness of elder abuse. The identification of potential, suspected, and actual cases of abuse of the elderly should be made more quickly and easily with knowledge of prevalence and variables involved. Nurses are in a unique position to intervene in the problem of abuse of the elderly. They have daily contact with elderly people in many settings. The new trend in home care provides a particularly important opportunity for nurses to prevent, identify, and intervene in abusive situations. The knowledge gained from this study will assist nurses in being more alert for variables related to stress in caregivers and vulnerability in elderly that

may lead to abuse so they can intervene before something happens. The prevalence data on elder abuse in Iowa will be significant to nursing to promote acceptance in nurses that elder abuse is happening and must be dealt with. Elder abuse is a problem that nursing must address.

Definition of Terms

For the purpose of this study, the following terms were conceptually defined as follows:

Abuse: an omission or act by a relative or caretaker that results in harm or threatened harm to the health or welfare of an individual.

Caregiver: an individual providing care and services to an elderly person.

Caretaker: an individual providing care and services to an unrelated elderly person.

Elderly: an individual age 65 years or older.

Financial Abuse: the theft or improper use or management, by a relative or caretaker, of money, property, or anything of value belonging to the dependent elder.

Neglect: acts of commission or omission that are careless or a breach of duty, by a

relative or a caretaker that result in lack of services or care needed to maintain the mental and physical well-being of the dependent elder.

Physical Abuse: conduct or an act of violence by a relative or caretaker that results in bodily harm, pain, or mental distress (sexual abuse included).

Prevalence: the percent of the population involved at one point in time.

Psychological Abuse: actions and/or verbalizations by a caretaker or relative in a consistent pattern that humiliate, intimidate, frighten, dehumanize, threaten, or confuse the dependent elder.

Abuse, Financial Abuse, Neglect, Physical Abuse, and Psychological Abuse were operationally defined by the addition of the phrase "measured by self-report" to the conceptual definition.

Assumptions

The following assumptions are made in regard to this study:

1. Elders who self-report abuse are telling the truth as they view it.
2. Elders who report abuse of others are telling the truth as they understand the situation.

CHAPTER II.

LITERATURE REVIEW

Background

The literature review begins by examining the background information (i.e. history, demographics) associated with elder abuse, then evaluates the current research and discussions, and concludes with a discussion of theoretical frameworks of elder abuse.

It has been difficult for many in our society to believe that family violence is a reality. It is an emotional issue that goes against the American ideal. Families are thought to be loving and caring havens for their members. Therefore, family violence was quietly overlooked for many years. Finally, in the 1960s, the problem of child abuse was acknowledged, labeled, publicized, studied, and governmentally regulated. Then, in the 1970s, came recognition of the problem of wife beating or spouse abuse. Activities similar to those described for child abuse followed this recognition.

Research has shown that various types of family violence are occurring in our society. Several groups have been, and continue to be, victimized. The elderly are the group most recently identified as being abused. Dr. Suzanne Steinmetz (1978), a noted researcher in family violence,

stated "it may well be that the 1980's will herald the 'public' awareness of the battered aged--elderly parents who reside with, are dependent on, and battered by their adult, caretaking children" (p.54). She presented case studies to the U.S. House of Representatives, Select Committee on Aging, which prompted a one-year study, including public hearings, dealing with elder abuse. This was the first national investigation on elder abuse. The subsequent U.S. House Committee (1981) report explores what is cited as a largely ignored (until recently) "shameful and hidden problem which has tremendous and far-reaching consequences for all Americans" (p.XI).

Straus, Gelles, and Steinmetz (1980) state,

> what is new and surprising is that the American family and the American home are perhaps as or more violent than any other single American institution or setting (with the exception of the military, and only then in time of war). Americans run the greatest risk of assault, physical injury, and even murder in their own homes by members of their own families (p.4).

Steinmetz (1977) predicts an increased amount of violence will be used by middle-aged children to control elderly parents because of increasing conflicts between the goals of

children and their families and the needs of their aged parents. She suggests that the availability of adequate support systems may help prevent this.

The U.S. House Committee (1981) concluded that some 4% of the nation's elderly may be victims of moderate to severe abuse. In a study by Block and Sinnott (1979), slightly more than 4% of elderly respondents reported cases of elder abuse. Their investigations suggest that this would relate to nearly a million cases nationwide if the incidence generalized nationally. Various other sources estimate incidence from 500,000 to 2.5 million. Data on the prevalence of elder abuse are not readily available. Despite the lack of a concrete number of people involved, enough evidence has been gathered to indicate that elder abuse is a large problem in the United States. A problem that is increasing and, based on demographic and sociological trends, can be expected to continue to increase in the future.

Literature suggests the United States is an aging population. Cowgill (1986) describes a population as aging when the elderly portion of the population is increasing faster than the rest of the population or there is an increase in the relative proportion of older persons. The national increase was 9.7% in the 65-years-and-over age

group from 1980 to 1984 with every state showing growth in that segment (U.S. Bureau of the Census [U.S. Census], 1985). Ten percent and over of the total population age 65 years and older is used by Cowgill (1986) as a classification for an aged population. The United States (U.S.) percent of population 65 years and over was 11.3% in 1980 (U.S. Census, 1984).

The U.S. population will continue to age in the future. Projections made in 1984 for percent of the total population age 65 years and older are 12.7% in 1990 and 21.8% in 2050 (U.S. Census, 1985). The 75-years-of-age-and-older population of elderly is growing faster than any other age group (U.S. House Subcommittee, 1985). The 85-years-old-and-over segment is growing fast also. In 1980, 1% of the total U.S. population was 85 years old and over. 1984 projections for this age group are 1.3% in 1990 and 5.2% in 2050 (U.S. Census, 1985). To summarize, the proportion of the U.S. population that is old is increasing. At the same time, the elderly population is becoming older. The great increase in the population 75 years and older has important implications. This group is the most vulnerable to physical, financial, social, and mental crisis requiring assistance from family and society (Steinmetz & Amsden, 1983).

The Iowa population is getting older and doing so faster than most of the country. The fourth highest proportion of elderly people in the U.S. is in Iowa with 14.1% in 1984 (U.S. Census, 1985). Iowa's 75-years-old-and-older segment has increased tremendously in the last several years. Iowa leads the nation in percent of total population age 85 years and older. As mentioned previously, the U.S. percent of total population age 85 years and over was 1% in the 1980 census. Iowa's was 1.54%, the highest of any state, with Nebraska ranking second at 1.51% (U.S. Census, 1985). Continued rapid growth is expected in the older segments of Iowa's elderly population.

Contrary to popular belief, only approximately 5% of those 65 years and older are living in some type of long term care institution (Brody, 1979; Cohen, 1978; Steinmetz, 1978). Most elderly people prefer to remain in their own homes taking care of their own needs for as long as possible, but favor help, when needed, from their children over any other provider (Cicirelli, 1983). Quinn and Tomita (1986) claim the majority of impaired and dependent elderly people live in the community and need someone to provide help. Steinmetz and Amsden (1983) argue that research has increased life expectancy but at a considerable cost to the elderly and their families. Families in which the elderly

parent is dependent on the adult children for emotional, financial, physical, or mental support are no longer unique.

The elderly are living longer but their dependencies and disabilities increase in severity as they age. Chronic disease increases markedly with age. A report, America's Elderly At Risk, by the U.S. House of Representatives, Select Committee on Aging (1985), estimates that 86% of the elderly have a chronic condition and that there is an average of three chronic conditions per noninstitutionalized elderly. The report also estimates that 47% of the community-dwelling elderly have limited activity due to chronic illness. Cohen (1978) provides support for those figures with the assertion that about 50% of those 65 and over living in the community report some limitation of normal activity due to chronic health conditions. The overall proportion of noninstitutionalized elderly needing help ranges from 17% to 40% (Brody, 1985).

Brody (1985) asserts that most people experience a period of dependency before the end of their lives. The longer one is dependent, the longer someone to depend on is needed. A caregiver is needed by these dependent people. The majority of caregivers are relatives. Cicirelli (1983) maintains that adult children do provide help for their parents when it is needed. According to Brody (1985), 10%

of all people age 65 and older have a child over age 65. It follows, then, that often the caregiver is elderly also. The young-old (65 to 74) may be caring for the old-old (75+).

Two studies of caregivers for the elderly (Stephens & Christianson, 1986; Steinmetz & Amsden, 1983) found that the majority (75% or more) of elderly people being cared for were female, 70 years of age or older, and impaired in their ability to perform activities of daily living. Their caregivers were primarily female and over 50% were near-elderly or elderly.

Families provide 80% of the care, services, and support needed by the elderly (Brody, 1985). Adult children caregivers are providing many types of care and service, including difficult care and long-term care, for their parents. One illustration of this would be physical care. Patients are spending less time in hospitals because of economic conditions in health care. They are being sent home while they are still sick or recuperating. In other cases, the patient never goes to the hospital. All treatment is expected to be carried out at home. Adult children caregivers, usually daughters, are providing this care (Brody, 1985).

"Parent care has become a normative but stressful experience for individuals and families" (Brody, 1985, p.19). Although there are no precise statistics on the actual numbers of people involved in parent care at any given time, a conservative estimate based on available findings, suggests that over five million people are involved (Brody, 1985). Steinmetz and Amsden (1983) suggest a relationship might be expected to exist between the stress of caregiving for a dependent elderly parent and abusive forms of interaction between the parent and child.

Current Research and Discussions

By 1985 elder abuse was found to be increasing nationally. In 1981 one million elderly Americans were thought to be abused annually (U.S. House, 1981). Annual increases of 100,000 cases were reported from 1981 to 1985 and 1.1 million elderly Americans annually were believed to be victims of abuse (U.S. House Subcommittee, 1985).

That 1.1 million incidence rate, related proportionately to Iowa, would indicate that over 200,000 elderly Iowans may be victims of abuse (Governor's Task Force on Elder Abuse [Governor's T.F.E.A], 1987). Data on elder abuse in Iowa is very limited. The Iowa Department of Elder Affairs (I.D.E.A.) was asked by the Task Force to

conduct a survey of service providers for the elderly throughout the state. A nonprobability sample was used with a total of 337 respondents. The survey results cover fiscal year 1986 (July 1, 1985 to June 30, 1986). The results reflect incidence of abuse primarily within the community rather than in institutions. The Department of Human Services (D.H.S) and the Department of Inspections and Appeals (D.I.A.), the two primary investigative bodies for adult abuse in the state, were not included in the survey.

Many results of the Iowa survey are similar to those of other studies. The majority (70%) of the survey providers responding thought the incidence of elder abuse in Iowa was increasing. Respondents reported that the elderly are abusing themselves (self-abuse) in the overwhelming majority of cases (499) and related caregivers were cited as the next most frequent (181). Females were reported to be the victims 61% of the time and males 29%. The age breakdown reported by respondents was 293 (35%) 60-74 years old and 347 (40%) 75 years and older (I.D.E.A., 1986). The results resemble findings from many other studies on elder abuse except the finding indicating the elderly individual is the perpetrator in such a large majority of cases.

Survey results suggest very different rates of elder abuse incidence estimated among the providers. For example,

the percent of population served by the agency that were reported as victims of abuse was under 1% for congregate meal-site coordinators, 2.4% for public health nursing agencies and homemaker-home health aides, and 7.9% for mental health centers (Governor's T.F.E.A., 1987). Several of the respondents were unable to furnish the total number of elders they served. Consequently, calculations of incidence were limited. Total number of elders served in the agencies that provided numbers equaled 688,456 and the number of victims reported by respondents in those agencies were 1011, indicating an overall abuse rate of 1.46% (I.D.E.A., 1986).

Iowa law provides for protection of dependent adults from abuse and neglect. Simply defined, a dependent adult is anyone 18 years of age or older who is unable to protect his or her own interests or unable to adequately take care of himself or herself or obtain services required to meet basic human needs. The D.H.S. is responsible for investigation and disposition of these cases. Data for fiscal year 1986 from the D.H.S. show 953 reported cases of dependent adult abuse, with 619 (65%) involving persons age 60 and over, and 163 of these were substantiated (Governor's T.F.E.A., 1987). The substantiated cases involving persons age 60 and over represent 65% of the total number of

dependent adult abuse cases substantiated for that year (Governor's T.F.E.A., 1987).

The incidence and prevalence of elder abuse in Iowa is unknown. The previously cited study is the only major study to date, and the methodology used in this study makes generalizations virtually impossible.

The elderly population in Iowa is increasing, especially the old elderly who are thought to be at greatest risk for abuse. Economic conditions in health care are keeping the elderly out of hospitals. Home care and outpatient care are the current trends in health delivery services. The traditional caretaker has been female. General economic conditions and changing women's roles are sending more and more women out into the workforce. Families are smaller so there are fewer caregiving children. Caregiving may be a stressful experience. It is possible that a result of this stress may be abuse.

The large and increasing elderly population of Iowa makes this state extremely vulnerable to the problem of elder abuse. Research is needed to direct social policy, guide practitioners and professionals, and generally provide accurate information for everyone about elder abuse. A starting place is to determine the prevalence of elder abuse in Iowa.

A simple definition of elder abuse is the repeated "physical, sexual, psychological, or financial abuse of the elderly or otherwise causing the deprivation of their human rights by their relatives or caretakers" (U.S. House, 1981, p.1). In this definition, a caretaker is an individual in the role of provider of care and services to an unrelated elder because the elder has no other relatives living or who will accept the responsibility. An important part of the definition of elder abuse is that it involves a pattern of abuse as opposed to an isolated incident. Categories of abuse used by the U.S. House Committee (1981) to present case studies include physical abuse, with subcategories of deliberate physical injury and negligence, sexual abuse, financial abuse, psychological abuse, abuse or abrogation of rights, and self-abuse. The U.S. House Committee (1981) explains their inclusion of self-abuse/neglect in the report as mostly related to older people living alone and abandoned by their families. In some situations, self-abuse and self-neglect are caused by a conscious or unconscious apathy toward one's personal well-being and welfare brought on by external forces. The U.S. House Committee (1981) report looks at self-neglect only to the degree that the relatives' attitudes toward their aged family members and their actions bring on or intensify such neglect.

A definition of elder abuse has not been uniformly accepted. Definition difficulties plague elder abuse research and policy-making efforts. The definitions used in research studies often vary dramatically. Categories of types of abuse and definitions are not consistent from study to study, therefore, results can not be compared. Comparing the category labels of types of abuse used in just a few studies demonstrates the disparity. Block and Sinnott (1979) identify physical, psychological, material, and medical abuse. Physical abuse is also used by Douglass et al. (1980), but they continue with passive and active neglect, and verbal or emotional abuse as their other categories. O'Malley et al. (1979) have completely different categories of physical trauma, debilitating mental anguish, malnutrition, financial mismanagement, unreasonable confinement, and sexual abuse. The American Public Welfare Association (APWA) and the National Association of State Units on Aging (NASUA) conducted a survey of state social service and aging agencies in 1985. One conclusion from the results was that among states, definitions of abuse and neglect varied significantly and the "variation limits any attempt to develop a national picture of the extent of elder abuse" (p.xiv).

The research on elder abuse is limited. Four studies are referred to extensively in most of the literature. Those include Block and Sinnott (1979); Lau and Kosberg (1979); O'Malley, Segars, Perez, Mitchell, and Knuepfel (1979); and Douglass, Hickey, and Noel (1980). Each of these studies was an exploratory study to determine the extent and incidence of elder abuse in a specific geographical area. Professionals and practitioners who deal with elderly were primarily relied on for data in all but the Lau and Kosberg (1979) study. O'Malley et al. (1979) and Block and Sinnott (1979) utilized mail surveys while Douglass et al. (1980) interviewed respondents. Lau and Kosberg (1979) reviewed case records of an agency dealing with a large number of elderly. Block and Sinnott (1979) also intended to review case records of agencies that dealt with elderly but, for various reasons, only one agency produced usable data.

The Block and Sinnott (1979) study receives extra attention as the only one of these four early studies that utilized probability sampling and the elderly themselves as respondents. Individual community-dwelling elders were selected by a random probability method and then were mailed surveys, as were the professionals and practitioners previously mentioned.

Some attention should be given to the difficulty experienced by Block and Sinnott (1979) with response rates. The response rate for the elders surveyed was 16.48% and 31.38% for the professionals and practitioners. They were not alone in this problem as O'Malley et al. (1979) had a response rate of only 34%. Reasons for these low response rates are debatable. Elder response rates may have been low because of lack of understanding, physical and/or mental inability to complete, or other reasons related to denial and fear which will be further discussed later in this manuscript. The response rate for professionals and practitioners may have been affected by limited time, denial of the problem, ignoring or minimizing the problem, or lack of knowledge and understanding. Health care professionals often react to a case of elder abuse by minimizing and/or ignoring the complaint because of lack of awareness of the problem, concern over accusing someone of abuse, or disbelief (Taler & Ansello, 1985; American Medical Association [AMA], 1987).

A later study by Gioglio and Blakemore (1983) utilized a stratified random probability sample of 342 community dwelling elderly. Respondents were interviewed. Sixteen respondents cited 23 unduplicated incidents of abuse. Block and Sinnott's (1979) lead of using probability sampling and

the elderly themselves as respondents was followed here in an attempt to make the findings more reliable. A problem with the majority of earlier studies was addressed by this study in another attempt to make the study more reliable. The reliability of data had to be questioned in studies dealing with agencies or professionals and also those dealing with the elderly themselves, due to the problem of duplicated reports of abuse cases. In this study, initials of the abused being referred to were requested so duplications could be eliminated. Respondents did cooperate with this request. The methodology utilized did enhance the study results but the small number of abuse cases cited made interpretation of the data difficult.

Most of the studies that make up the database for current knowledge of elder abuse had small non-representative samples. Block and Sinnott (1979) and Gioglio and Blakemore (1983), as mentioned, did use probability sampling but external validity is still very limited. In the survey of elders, Block and Sinnott (1979) contacted 443 people and 73 (16.48%) responded, with 4.1% of them reporting a case of abuse. Lau and Kosberg (1979) base their conclusions on a sample of 404 with 39 cases (9.6%) of abuse identified. O'Malley et al. (1979) had 332 responses with 180 incidents (52%) of abuse cited. Broad

generalizations about abuse of the elderly require careful scrutiny and consideration.

Fairly consistent profiles of abused elderly have been produced from various research studies. The majority of abused elders were female, 75 years of age or older, and suffering from one or more mental and/or physical disabilities (U.S. House Hearing, Steinmetz testimony, 1985; Block & Sinnott, 1979; Gioglio & Blakemore, 1983; O'Malley et al., 1979). Three other studies also found the majority of abused elders to be female and functionally dependent because of at least one impairment (Lau & Kosberg, 1979; Rathbone-McCuan, 1980; U.S. House, Maine and New Hampshire study, 1981). The abused often lived with a relative (Block & Sinnott, 1979; Lau & Kosberg, 1979). Other findings went a little further to show that in the majority of cases, the abused lived with their abuser (O'Malley et al., 1979; Gioglio & Blakemore, 1983).

Limited abuser profiles can be drawn from various research studies. An abuser was most likely to be a relative of the victim (U.S. House Hearing, Steinmetz testimony, 1985; Block & Sinnott, 1979; Lau & Kosberg, 1979; Gioglio & Blakemore, 1983; Douglass et al., 1980; U.S. House, Florida study, 1981; O'Malley et al., 1979). The majority of abusers were children or grandchildren, and

female (U.S. House Hearing, Steinmetz testimony, 1985; Block & Sinnott, 1979; Lau & Kosberg, 1979). Children or siblings of the abused were found to be the abuser most frequently by Gioglio and Blakemore (1983). O'Malley et al.(1979) and Gioglio and Blakemore (1983) differed from Block and Sinnott (1979) by finding the majority of abusers to be male. In three studies the abuser was most often middle age or elderly (U.S. House Hearing, Steinmetz, 1985; Block & Sinnott, 1979; Gioglio & Blakemore, 1983).

The type of abuse cited as most frequent differs throughout the limited literature. Almost one half the cases reported to Gioglio and Blakemore (1983) were financial abuse, followed by neglect and psychological abuse, then physical abuse as the least frequent. Physical abuse was found to be the most frequent type of abuse in four studies (U.S. House Hearing, Steinmetz, 1985; U.S. House, Florida study, 1981; Lau & Kosberg, 1979; O'Malley et al., 1979). Douglass et al. (1981) reported passive neglect as the most common type of abuse, followed by verbal or emotional abuse, active neglect and physical abuse as the least common. Types of abuse were found to occur together very often (Lau & Kosberg, O'Malley et al.). Based on the research studies currently available, a generalization can not be made as to what type of abuse is most frequent.

These few examples also demonstrate some of the difficulties when trying to compare study results. When each study has different categories of types of abuse, comparisons between studies become extremely difficult.

Caregiver stress, also known as stress from the dependency of an elder, or stress of caring for a dependent elder, was cited as the most frequent cause or precipitating factor of elder abuse (Douglass et al., 1980; Gioglio & Blakemore, 1983; Lau & Kosberg, 1979; O'Malley et al., 1979; U.S. House, Maine and New Hampshire study, 1979).

The U.S. House Committee (1981) concluded that elder abuse is much less likely to be reported than is child abuse. Authorities are notified of only one of six cases of adult abuse compared to one of three child abuse cases being reported (1981). Salend, Kane, Satz, and Pynoos (1984) suggest three issues that contribute to underreporting. These include professional and public lack of awareness of elder abuse, unclear definitions, and the reluctance of victims to take action.

The fact that many cases of elder abuse go unreported supports the importance of obtaining data from the elderly themselves. Using a direct method to find out from the elderly about abuse they have experienced and their knowledge of abuse inflicted on others seems to be

realistic. A probability sample of community-dwelling elderly allows for an equal possibility of every type of respondent being included, nonabused to abused, active to isolated, healthy to impaired. Professionals and practitioners who deal with the elderly do come across various types of abuse in their work. Studies of these groups provide valuable data but, even if randomized samples are used, an inherent bias is obvious. These people encounter only a portion of the abused elderly population. Only the elderly who seek out help or services, or who require assistance because of violence or neglect inflicted on them would be encountered by this group. Pedrick-Cornell and Gelles (1982) suggest that there are serious problems in assessing generalizability and conclusions of data generated by research that rely exclusively on cases which come to professional attention. Galbraith and Zdorkowski (1986) argue that an insider's view of elder abuse would obviously be the most fertile source of data to study, but they claim that no abused elder or abuser has written an extensive account. Galbraith and Zdorkowski (1986) also contend that when outsiders try to investigate the phenomenon they face a lot of denial and avoidance from those involved.

Lau and Kosberg (1979) identified the elderly's reactions to their abuse. Denial was the most frequent

reaction and was often thought to be related to protecting the abuser. Resignation, withdrawal, and fear were the next most frequent reactions, in that order. A study by Gioglio and Blakemore (1983) found that three quarters of the abused did not seek help to stop their mistreatment. The main reason reported for this was the inability to do so because of mental or physical disabilities. Fear, acceptance of the situation, having sympathy for the abuser, having no place to live, and wanting to work it out by self were other reasons reported. According to Steinmetz (1978), battered parents often refuse to report the abuse perpetrated by their children. Reasons she suggests include fear of the unknown, fear of retaliation, lack of alternative shelter, and the stigma and shame of having to admit that they have such a child. Loss of attention and/or support for the elder from the caregiver may be another reason for not reporting.

Pedrick-Cornell and Gelles (1982) discuss the problems of research in elder abuse and state "there is very little in the way of sound scholarly knowledge on this topic" (p.464). Further research in all areas and aspects of abuse of the elderly is needed. Problems of a methodological nature need to be addressed and dealt with.

According to Pedrick-Cornell and Gelles (1982), "despite the data presented in available reports, the extent and incidence of the abuse of the elderly is still unknown" (p.460). They argue that problems and limitations, especially in methodology, make it necessary to use great caution when trying to generalize data from the studies. The American Public Welfare Association (APWA) and the National Association of State Units on Aging (NASUA) 1985 study concluded that although it was impossible to draw an accurate national picture of abuse of the elderly, data collected did show that the numbers of reports of alleged or suspected elder abuse/neglect had increased in recent years.

Literature Update

Since this literature review was originally written several more research studies dealing with elder abuse have been reported. A few of these are discussed in the following section.

Pillemer and Wolf in their 1986 book, "Elder Abuse: Conflict in the Family," summarized the research on elder abuse and neglect. These studies were mostly exploratory, descriptive research examining the extent and nature of elder abuse and neglect. The primary conclusion overall was that elder abuse is a family affair. Other more specific

findings are reported below.

Crouse, Cobb, Harris, Kopecky, and Poertner (cited in Pillemer & Wolf, 1986) conducted interviews in Illinois estimating an incidence rate of 4%. The major factor contributing to maltreatment was seen as the family situation.

The 1984 Toledo Ohio Elderly Abuse Task Force (cited in Pillemer & Wolf, 1986) researched the incidence of elder abuse in Lucas County. A survey was mailed to professionals, and telephone interviews were completed with Toledo area residents. Abuse had been seen by 48% of the professionals. Twelve percent of the community respondents reported knowing of a case of elder neglect or abuse.

Common characteristics found in several studies include: the abused person was a female (Kosberg, 1988; Wolf, Strugnell & Godkin, 1982 & Ohio Elderly Abuse Task Force, 1984 cited in Pillemer & Wolf, 1986; Chen, Bell, Dolinsky, Doyle, & Dunn, 1981), with physical or mental impairments (Kosberg, 1988; Bowers, 1987; Wolf et al., 1982 cited in Pillemer & Wolf, 1986). The abuser was most often a male under the age of 60 (Wolf et al., 1982 cited by Pillemer & Wolf, 1986; Chen et al., 1981), and a relative of the victim (Wolf et al., 1982 & Ohio Elderly Abuse Task Force, 1984 cited in Pillemer & Wolf, 1986; Chen et al.,

1981). Stress was cited as a major motivator of abuse or as a caregiver characteristic (Kosberg, 1988; Bowers, 1987; Wolf et al., 1982 & Ohio Elderly Abuse Task Force, 1984 cited in Pillemer & Wolf, 1986; Chen et al, 1981).

The first large-scale random sample survey of elder abuse was done by Pillemer and Finkelhor (1988). It was a stratified random sample of all community-dwelling elderly (65 years old and older) in the Boston metropolitan area. They interviewed by phone or in person 2020 elders with 65% of them being female, 60% 65 to 74 years old, and 40% over 75 years old. Forty percent lived alone, 37% with just a spouse, 10% with a spouse and someone else (generally a child), and 7% with others. Those who lived alone had a lower rate of abuse. Perpetrators of abuse included 37 spouses, 10 sons, and 5 daughters.

The study found 63 elderly persons were maltreated for a prevalence of 32 per 1000. Substantial underreporting in general was felt to exist, supported by the fact that the Massachusetts social service incidence was 1.8 per 1000 and the study incidence was 26 per 1000 for the prior year.

Pillemer and Finkelhor's study confirmed the findings of many other studies, that living with someone else and being in poor health increased the risk of abuse. Poor health was found to increase the likelihood of abuse three

to four times. However, two other findings were different from the majority of studies. Those were the high rate of spouse abuse which was noted, along with the finding that men were as likely as women to be abused.

Theoretical Frameworks

Most discussions of theories of elder abuse include four or five possibilities. Research to date has been primarily exploratory in nature. There is no dominant theory with an abundance of scholarly research support to substantiate it. Theory development for elder abuse is in the beginning stages and very immature. Theory testing research is needed to further the knowledge base in elder abuse. It is likely that an incident of abuse is caused by a combination of many factors. For example, as previously mentioned, several studies have elicited data on the cause of abuse with caregiver stress related to a dependent elder mentioned the most. Hickey and Douglass (1981) contend that results support the idea that there are multiple causes to problems of elder abuse. Galbraith (1986) asserts that no one theory provides the entire explanation of why abuse of the elderly occurs. The stressed caregiver and dependency are two of the theoretical frameworks being discussed in relation to elder abuse (Galbraith, 1986;

O'Malley, T., Everitt, D., O'Malley, H., & Campion, E., 1983; U.S. House, 1981).

Most experts do seem to agree that a major precipitating factor in abuse of the elderly is family stress (U.S. House, 1985). Family members may face an intolerable burden as they try to meet the daily needs of a frail, dependent elderly relative. Douglass (1983) suggests that the majority of cases of abuse and neglect of the elderly could be prevented by increased services and programs of various types to provide support for the caregiving families. He asserts that the caregivers of dependent elderly relatives are often extended far beyond their limits and abilities in providing care. There is a point where even the most dedicated loving child is ill-equipped to deal with the personal grooming, physical, emotional, social, and mental health needs of an elderly parent (Steinmetz & Amsden, 1983).

Often, the adult child is sandwiched in between the needs of her/his own children and the needs of her/his parents. All this occurs at a time of middle age or young old age, when the adult child had been looking forward to activities for himself/herself. A conflict in values is often felt. Where do adult children caregivers place their priorities, with their children or parents? They also

struggle with the ambivalence between duty to parents and duty to self. Middle age or elderly caregiving children are often coping with their children's college or wedding plans, their own upcoming retirements, and age-related physical, social, and emotional changes.

With the economic climate as it is, many women, who have been placed in the role of traditional caregiver over the years, have gone outside the home for employment. The time, physical, and emotional commitments usually required in caring for a dependent elder may demand giving up the outside employment. This may create a financial drain on the family. Continuing to work may be an even more troublesome solution. Caring for a frail dependent older person is a big job. There is often little, if any, time available for the caregiver's own needs after the increased amount of personal time required to care for a dependent elder. Emotional, financial, or physical stress may be involved with the caregiving role.

A study by Cicirelli (1983) found that over 50% of adult children reported experiencing some degree of strain (i.e. physically or emotionally exhausted) in relation to helping their elderly parent. Personal strains and negative feelings seemed to be more strongly related to perceived parental dependency than to the amount of help provided to

parents. Cicirelli (1983) maintains that stress seems to be an inevitable side effect of helping elderly parents.

Middle-aged caregivers, living in a family setting with an elderly relative whom they care for, were interviewed in a study by Steinmetz and Amsden (1983). Some of their findings are as follows: families are providing a large number of caregiving tasks for elders; many of these tasks are considered stressful to the caregiver; caregivers perceive stress and frustration from providing care to their dependent elderly; and caregiving was considered burdensome to 64% of the caregivers. Steinmetz and Amsden (1983) assert that the potential for disruptive and abusive family activity increases from the interaction between the stress resulting from the dependence of an elder on a caregiver and an overall feeling of a sense of burden. The additional burden of accepting responsibility for a parent's problems can become a source of crisis with the potential for abuse and neglect.

Study results from Johnson and Bursk (1977) suggest that poor health can increase the dependency of an elderly parent on an adult child, with an increase in resentment by the adult child and increasing frustration of the parent. The result becomes an overall worse relationship between parent and child. The inability of the elderly person to

perform activities of daily living leads to dependency and consequently to vulnerability, and to abuse by a caregiver. A caregiver of some sort must be relied on by the elderly person to take care of his/her basic needs. O'Malley et al. (1983) consider dependency to be one of several potential triggers to abuse by a caregiver. Physical or mental impairments and/or social losses can interfere with the elderly person's ability to meet his/her own basic needs. This leads to dependence on a caretaker. Vulnerability to abuse and neglect increases as dependency on a caregiver increases. The elderly person has little or no control on whether or not needs are met. The caregiver must be able to cope with the stress that comes from the demands of the dependent or abuse may occur.

Kuypers and Bengtson (1983) assert that a confrontation between autonomy and dependency is seen in the transition of old age. Sickness, widowhood, or retirement may cause some type of disability and bring on dependency in a previously independent elder. The elderly person may have a very difficult time accepting and dealing with his or her disability and dependency. He or she may become depressed, withdrawn, hostile, or nonaccepting of care. The elder may want help from children yet fear dependence on his/her children. Families are often ill equipped to meet the needs

of their dependent elders. The elderly often do not accept their dependency. They resist the care provided and do not receive what they need. At other times, the elderly withdraw and become resigned to whatever happens. As the dependency needs of the elderly increase, the stress experienced by the caregiving family can result in abuse of the elderly. The elderly may try to do something about it, but it is more likely they will not.

Caregiver stress and the dependency of an elder do appear to work together to precipitate and develop abusive behavior. Theory-testing research is needed to delineate this conceptual framework. A beginning effort toward this end was to discover the numbers and characteristics of elderly being abused. This study of the prevalence of elder abuse in Iowa was a place to start in building the knowledge base on elder abuse. The elderly population of the United States is at risk. Research is needed to gain knowledge to assist in the problem.

CHAPTER III.

METHODOLOGY

Subjects

The target population for this study was all individuals age 65 years old and older residing in the state of Iowa. The accessible population was heads of households age 65 years old and older residing in the state of Iowa contained in the Donnelley Quality Index database. The subjects were 500 randomly selected individuals age 65 years or older residing in the state of Iowa. The problem being studied was abuse of the elderly. Going directly to the victims, or the peers of the victims of elder abuse for data, was a realistic and relevant approach.

Donnelley Marketing Company had a computerized list of elderly Iowans. They claimed it was accurate and inclusive to within 98 to 99% of this population (Ken Klein, Personal Communication, July, 1987). Informational brochures from Donnelley Marketing Company state that the Donnelley Quality Index is the largest unduplicated consumer database in the U.S. and maintains up-to-date computer listings.

Donnelley could provide a list of names of individuals who were heads of households who had individuals 65 years or older living in them, or a list of names of individuals who were 65-years-old-or-older heads of households. Primarily

because of the sensitive nature of the topic, the names of elderly heads of households were chosen as the list to obtain. The possibility of missing individuals being cared for in the home of a caretaker and/or not the head of the household was acknowledged. However, sending the survey to an elder via the head of a household was felt to be unsatisfactory. There was no guarantee the survey would be passed on to the elder, especially if there was abuse occurring. If the survey were passed on to the elder, anonymity and privacy might be difficult and/or the elder might be too afraid and intimidated to respond.

A mailing list of 2000 randomly selected (every nth) names of 65-year-old-or-older heads of households was purchased from Donnelley Marketing Company by the Iowa Department of Elder Affairs and shared with the researcher to use in this study. The list was hand numbered from 1 to 2000. Random sampling was done, by use of a table of random numbers to select 500 subjects.

The response rate was 80.8%, a total of 404 responses. The first-mailing responses totaled 290 for 72% of the total, while the second mailing garnered 114 responses or 28%. A total of 373 responses (92.3% of the returns) were surveys that could be used for the database.

Thirty-one of the surveys were not completed for various reasons. Twenty-three questionnaires were not completed because the subject had expired. (That is 4.6 percent of the sample.) The researcher received a phone call from a subject two days after the first mailing. The subject wanted to let the researcher know that he was not 65 years old yet so he was not going to respond but did want to say he was sorry he could not help with the study. Two other surveys were returned after the first mailing with notes that the subject was not 65 years old. The mail forwarding time had expired for three of the addressees. The first-mailing returns included one reply from an angry subject. The person was offended by the reference to him/her as being 65 years old or older. The subject stated "where did you get this kind of information? This is my business." One family member sent a note after the second mailing saying that the subject was in a nursing home and unable to respond due to Alzheimer's disease.

Study Design

The approach used in this study was a nonexperimental descriptive survey using a cross-sectional design. Data were obtained through use of a self-administered survey distributed through the mail.

The researcher basically had little control over the research situation. To a modest degree, some constancy in a few research conditions was achieved. The time factor was slightly attended to by distribution of all the surveys through the mail at the same time and avoidance of major holidays. The period of data collection was January and February of 1988. There was constancy in communications to the subjects by means of cover letters and survey instructions.

Various sources provide information to support the decision to use a self-administered survey through the mail in this study. As previously mentioned, some factors would make it seem as though face-to-face interviews would be most appropriate for this study. Limitations such as time and money made that impossible. Also, there is support for the method chosen. Fowler (1984) suggests there is evidence that self-administered questionnaires, as opposed to interviewing, may produce less social-desirability bias, thus mail survey may be indicated in questions that are extremely sensitive or personal. According to Dillman (1978), in general, respondents are the most honest in mail surveys in relation to questions with social desirability factors. Respondents are more willing to provide more accurate answers to personal and/or embarrassing questions

as well as reporting less socially acceptable responses more readily on a mail survey (Moser & Kalton, 1972).

Shame, embarrassment, and denial are some of the responses and reactions of the elderly to their abuse by relatives or caregivers. Elder abuse has been a hidden subject. Lack of reporting, by both the abused and the abuser, is quite common. For this study, use of a mail survey with anonymity for the respondents appeared to be the most appropriate way to try to get the elderly to admit to being abused or report abuse of their peers, especially when practical limitations were considered.

Instrument

The instrument used was a survey tool designed for this study by the researcher (see Appendix #1). Dillman (1978) maintains one of the most serious weaknesses of the mail survey is the problem with open-ended questions, therefore closed-ended questions are suggested. Primarily closed-ended questions were used in this study.

The researcher developed the tool for this study because no tool was available to address the study's purpose. Elder abuse research was very limited. Two studies (Block & Sinnott, 1979; Gioglio & Blakemore, 1983) that also utilized elderly respondents, developed tools but

they were deemed inappropriate for this study. The primary reasons for this were that Gioglio and Blakemore (1983) used scenarios rather than direct questions, and Block and Sinnott (1979) focused on specific injuries rather than general information.

Originally, the type of abuse was another piece of information that was to be requested. The number of questions and length of the survey had to be strongly considered. It was decided that although type of abuse was important, just basic abuse information needed to be gathered first.

Once the tool was prepared, validity was assessed. The researcher reviewed the instrument for validity. Three professionals with research experience then reviewed the tool for content validity. Needed changes were made, basically some wording and spacing alterations and clarifications. Five experts on elder abuse and the elderly were also asked to analyze the tool for content validity. A few spacing changes were made and some underlining emphasis was added as suggested. Tests of reliability were not practical with this type of instrument. The survey instructions and cover letters were also reviewed by the professionals and experts. A few minor changes were suggested and made. One expert suggested large-size print

be used for all documents. This was discussed with some of the other experts and the professionals, and opinions went both ways. The decision was made to use regular-size print but to be very aware of the spacing. The opinion of the elders pretesting the instrument was used as the final deciding factor.

An informal pretest of the tool and cover letter was conducted, primarily to assess clarity and relevance. Six elderly people, chosen by a combination of convenience and purposive sampling, were asked to read the research documents. They were asked to share their questions and opinions about the tool, instructions, and letter. Comments were generally very positive. None of them had any difficulty reading or understanding the instructions or questions. No changes were suggested. Several specific questions were asked and discussed with each of the pretest subjects. The decision to use regular-size print was supported by the pretest elders. Unanimously, they felt large-size print was not necessary and might be taken as an insult. Five of the six said they would probably have answered and returned the survey if they had received it in the mail. The one other person said no, he receives many questionnaires in the mail through his work, and he usually does not take the time to return any of them.

Procedure

The data-collection method used in this study was a self-administered survey distributed through the mail. A preestablished plan for the procedures was followed. A cover letter (see Appendix #2) was prepared with the subject's name placed at the top of the letter so that if the envelope was thrown away the household members would still know who the survey was sent to.

The cover letter and survey were neatly and tastefully printed on quality paper. A self-addressed, stamped envelope was included to help increase the response rate. First-class-mail stamps were placed on all return envelopes. A postage meter was used for stamping the subjects' envelopes. Thirty-nine cents postage (per meter) was placed on each piece of mail. All envelopes were placed in the mail at the same time.

The date of mailing was placed on the letter along with a date (two weeks later) by which to return the survey. The majority of returns are usually received within two weeks or less of the mailing date (Moser & Kalton, 1972; Dillman, 1978). According to Fowler (1984), the most important difference between a good and poor mail survey is the degree to which investigators make repeated contact with subjects.

Seven days after the deadline, a follow-up letter was mailed to all subjects. A new cover letter (see Appendix #3) was included which thanked the subjects for their participation and assumed that if the survey had not been returned, the person intended to return it but had just neglected to do so. The purpose of the study and value of the subject's assistance were mentioned. A new copy of the survey and self-addressed, stamped envelope were included.

The cover letters mailed with the survey explained the purpose and value of the research study. The subjects were encouraged to participate, but the decision was left entirely up to them. A phone number for the researcher and address of the educational institution were included in case the subject wanted more information or verification. The cover letters also told participants if they wanted a copy of the results, all they needed to do was let the researcher know. The subject's participation, by returning the completed survey, was assumed to be voluntary, informed consent.

The extremely personal and sensitive nature of the problem studied strongly influenced the decision to have the respondents remain anonymous. The cover letters explained the anonymity to the subjects and encouraged them not to put their names on the survey or return envelope. The

researcher had no way of knowing what data came from which respondent or even who responded or who did not. This, along with the researcher safeguarding the returned surveys, preserved the right of privacy of the subjects. Returned surveys were kept in a locked file until being destroyed, thus further preserving the subjects right to privacy. Approval for this study was granted by the Drake University Human Subjects Research Review Committee.

CHAPTER IV.

RESULTS AND ANECDOTAL DATA

Results

As stated before, the total response rate was 80.8% or 404 responses. A total of 373 responses were completed surveys that could be used for data. Therefore, from the sample of 500 subjects, 373 volunteers (75%) returned completed surveys, with 16 cases (4.5%) of abuse reported by eight people, which is slightly over 2% of the respondents. All further statistics are based upon the usable responses.

Seven days after the initial mailing 211 responses (or 52%) had been received. Seven days after the second mailing 96 additional responses (24% of total response rate) had been returned (see Table 1). This response pattern provides support for the previously mentioned findings of Moser and Kalton (1972) and Dillman (1978) that the majority of returns are usually received within two weeks or less of the mailing date.

The responding sample was 62% male (n=230) and 38% female (n=142). One respondent did not answer the gender question.

The majority of respondents reported their place of residence as city (79.6%) with the rest reporting rural residence. As shown in Figure 1, every population category

for cities was represented, ranging from "under 1,000" to "over 100,000."

Most respondents either lived with a spouse (60%) or alone (35%) (see Figure 2). Those who responded that they lived with others included one female who had a fourteen year old granddaughter living with her, one male who lived with a "companion," and one male who lived with both a spouse and a son. Three of the people who responded they lived "with other relative" included one female living with her sister, a 65-74-year-old female living with her mother, and another 65-74-year-old female living with her 97-year-old mother.

Eight of the respondents (2%) answered that it was difficult for them to take care of themselves. A physical or mental impairment was reported by only 20% of the respondents (n=76). As can be seen by Figure 3, over 50% (n=40) of the respondents who indicated they were impaired indicated they had just one impairment.

Most respondents (n=289) indicated they communicated in some way with other people age 65 years old or older, and did so at least three or more times a week (see Figure 4). There were a few (n=15) respondents who reported no communication during a week with other elders.

The question "do you feel abuse of the elderly is a problem in Iowa?" was answered positively by just 24% of the respondents (n=90) (see Figure 5).

Eight respondents (2%) reported knowing a friend or acquaintance 65 years old or older who is being abused, 90% indicated they did not know of anyone being abused, and 8% did not answer. None of the respondents indicated they were being abused themselves.

No overwhelming patterns show up in the data about the eight elders who reported knowing about abuse of a friend or acquaintance, with two possible exceptions. One exception was that 75% of those reporting knowing of abuse stuations were male (n=6), and the other was that all eight replied it was not difficult for them to take care of themselves (see Table 2). Six of the eight respondents were urban dwellers, with both large and small cities represented.

Three of the respondents indicated they knew of two friends or acquaintances age 65 years or older who were being abused. No further information was given by two respondents who answered they knew of someone being abused, one in one case and four in the other. Another person indicated she knew of three friends being abused, but she also did not answer any other questions, although she did explain that the friends were being neglected, not really

abused. One respondent answered he did not know anyone who was being abused but then provided information about one abuser and one abused elder. Another respondent did not answer the question about knowing someone who was being abused but provided information about one abused elder and an abuser.

Overall, therefore, sixteen elderly people were reported as being abused, although only eight of these sixteen abused individuals were described. The majority of elders reported as being abused whose cases were described were females (n=6). Six abused elders were said to have impairments that made it difficult for them to care for themselves (see Table 3). Two abused elders were judged not to have any impairments that made it difficult for them to care for themselves.

The respondents did not know the number of times the abuse had occurred in four of the abuse cases. In two cases, the abuse was reported as occurring continuously, and several times in one case. One respondent marked both "don't know" and "several times" for the number of times the abuse had occurred.

The abusers were evenly divided by sex, half male and half female. The abusers were described as being one female with no age given, two males in the 35-49 age range, one

female age 50-64 years old, and one male and one female in the age ranges of 50-64 and 65-74. The relationships of the abuser to the abused were identified as two daughters, two sons, one female caretaker (who was abusing two females), and one male caretaker, clarified as "power of attorney." Only one of the abusers lived with the abused elders, a son living with and abusing both of his parents.

Anecdotal Data

An examination of the specific cases of reported abuse may be helpful in further understanding the phenomenon of elder abuse described by this survey.

A couple was reported by one of the respondents as being abused. They were living in a rural area, one 75-84 years old, the other 85-94 years old, and "living with a spouse and a son." Each of them had two physical or mental impairments that made it difficult for them to care for themselves. The abuser was a son in the 35-49-year age range. The respondent did not know how many times the abuse had occurred.

Two females, in the 75-to-84-year-old range, living in a nursing home/care facility, in a city of between 25,000 and 49,999 population were reported as being abused. One of the abused had one impairment that made it difficult to care

for herself. The respondent did not know how many times the abuse of either individual had occurred. The abuser in both cases was described as a female of unknown age who did not live with the elder but was a caretaker.

A male living in a nursing home/care facility in a city with a population of 1,000-4,999 was also reported as being abused. He was between 75 and 84 years old with two mental or physical impairments that made it difficult to care for himself. The respondent marked both don't know and several times to the question "how many times has the abuse occurred?" A male, age 35 to 49 years who did not live with the elder, described as a nonrelative caregiver, was the abuser. The phrase "power of attorney" was placed in parentheses.

A 75-84-year-old female, living alone in a city of 1,000 to 4,999 people, without impairments that made it difficult to take care of herself, was reported as being abused several times. A daughter between 50 and 64 years of age, who did not reside with her mother, was identified as the abuser.

Two females, one aged 65-74 and the other 85-94, each living alone in a city between 10,000 and 24,999 population, were described as being abused continuously. They each had three physical or mental impairments that made it difficult

for them to take care of themselves. The abusers were a son and a daughter, one 50-64 years old and the other 65-74. Neither of the abusers lived with the elder they abused.

Twenty responses had notes, comments, or letters included with them. Their opinions on whether abuse was a problem varied. Some quotes from these responses are included below.

One female wrote that she had worked in a hospital for 20 years and the emergency room for 6 years. She stated, "I have seen some abuse."

A male responded "When my mother-in-law was in the nursing home (two years ago) there was abuse."

A woman answered that she knew three friends who were being abused, then she prefaced it by writing "does not mean my friends are abused as much as they are neglected by family and friends who just don't go and visit them." She did not follow up and provide any further details of abuse on the survey.

A female answered she felt abuse of the elderly was a problem in Iowa and then added "Nursing homes. Investigate!"

A man responded to the question "are you being abused?" by saying no. Right below that answer he wrote, "I am being abused in the fact I am a notch baby born between 1917-1921

and do not receive equal amount of Social Security payments."

"There are two nursing homes in ( ) and [I] have friends in both and have not seen any abuse" stated one male.

A female aged 85-94 years stated, "I have friends in and visit all three nursing homes in ( ) and everything looks good to me."

"In my small town of 2000- I know of no one, but know that this is prevalent in the larger cities-" says one person.

One gentleman took the time to write a wonderful, long letter telling about himself, his activities, and the programs for the elderly in his city. He said he did not know if there was any abuse going on in his city.

CHAPTER V.

DISCUSSION

A sample of 500 subjects garnered a response rate of 80% with 2% of the respondents reporting 16 cases of elder abuse. No one reported himself/herself as being abused. Over 50% of the respondents stated they did not feel abuse of the elderly was a problem in Iowa, while less than a quarter of the respondents felt it was.

Most of the respondents were city dwellers who did not have a mental or physical impairment which made it difficult for them to take care of themselves. The majority were males, in the 65-to-74-year-old age group, living with a spouse. The elders reported as being abused were primarily females with impairments that made it difficult for them to care for themselves. Half of the abusers were male and half were female with only one living with the victim.

As can be determined by Figure 6, the ages of the respondents represent the elderly in the Iowa population based on the 1980 Census of Population information. This provides support for the generalizability of the study results to the state of Iowa. The sample was a random probability sample of 500 elderly in Iowa.

The study results provide support for the dependency theory as a cause for abuse. None of the respondents

reported themselves as being abused and most of them did not have impairments which made it difficult for them to take care of themselves. They were not dependent and were not being abused. However, the majority of those who were reported as being abused did have impairments that made it difficult for them to care for themselves, which could in turn make them dependent.

Based on the results, findings show that there is abuse of the elderly occurring in Iowa. Eight people out of 373 (2%) responded that they knew of at least one friend or acquaintance who was being abused.

The results of the demographic information on respondents show that there are many healthy independent elderly in Iowa. Most of the respondents either lived with a spouse or alone, only 2% answered that it was difficult for them to take care of themselves, and just 20% had a physical or mental impairment. The sample contained a large number of capable, independent elderly people. Some of the stereotypes relating to the idea that all or most elderly people are dependent, and unable to function and adequately care for themselves may be seriously questioned based on the study respondents.

The excellent response rate to the survey was very unexpected. Based on response rates from previous studies,

a major concern of this study was obtaining a sufficient response rate. For example, Block and Sinnott (1979) had a response rate for elders of 16.48%, and 34% was the rate for professionals and paraprofessionals in O'Malley et al (1979). The sensitive nature of the subject was thought to be a detriment to a high response rate. The elders surveyed in this study were responsive. They cared about, answered, and cooperated with the study.

Though the high response rate is very positive, the small number of abuse reports, and even smaller number of cases of abuse described, necessitate caution in conclusions or interpretations made from the findings about cases of abuse, the abused, or their abusers.

Studies that make up the database for current knowledge of elder abuse, for the most part, had small nonrepresentative samples. Block and Sinnott (1979) and Gioglio and Blakemore (1983) did use probability sampling for elders, but generalization is still very limited. Their results are based on very small numbers. Block and Sinnott (1979) had an elder response rate of 16.48%. Gioglio and Blakemore (1983) did not include nursing or boarding homes for their sample. This Iowa prevalence study used random probability sampling which does strengthen it along with the high response rate.

Broad generalizations about abuse of the elderly require careful scrutiny and consideration. The results reported from the various studies are difficult to compare. Some studies document the number of cases of abuse reported, while others identify the number of people reporting cases of abuse. Both of these indices are reported here. While the response rate for this study is much higher than for any of the other studies, the abuse rates reported are lower than the other studies, as can be seen in Table 4. These results can be interpreted several ways. It is encouraging that the numbers of reported abuse cases are not very high. No one wants to think that Iowa's elderly are being mistreated. On the other hand, the results may be discouraging in that we just may not be hearing about abuse that is happening but remains unnoticed and unreported. This is not unrealistic. Failure to report abuse because of shame, denial, fear of repercussions, or intimidation is not unusual. In addition, abuse often goes unreported because of inability to report due to mental and/or physical disabilities, as well as lack of identification of abuse.

Approximately 5% of those 65 years old and older are living in some type of long-term care institution (Brody, 1979; Cohen, 1978; Steinmetz, 1978). Only 1.1% of this study's respondents were living in a nursing home or care

facility and none of them reported being abused. However, three of the eight cases of reported abuse of others referred to victims who lived in a nursing home/care facility. This brings up a question. Does this mean most abuse is occurring in nursing homes or care facilities? Many people have an image of abuse occurring in nursing homes or care facilities as opposed to in the community and, therefore, they may be more alert to it there than in the community. Nursing homes were mentioned frequently in the comments that were added by respondents. People do not want to sele and admit that abuse of our elderly population is happening. If they are not looking for it, or even aware that it can happen in the community, it will be especially difficult to see and recognize there. Lack of awareness contributes to abuse's remaining a hidden problem.

America's Elderly At Risk, a report by the U.S. House Select Committee on Aging (1985), estimates that 86% of the elderly have a chronic condition, with an average of three per noninstitutionalized elderly. Brody (1985) estimates the overall proportion of noninstitutionalized elderly who need help ranges from 17 to 40%.

The data regarding the respondents in this study does not support these estimates. The respondents in this study reported themselves as primarily high-functioning well

elderly. Only 2% of the respondents answered that it was difficult for them to take care of themselves. A physical or mental impairment was reported by only 20% of the respondents, with slightly over half of those having just one impairment. The people who would be expected to be abused are theorized to be dependent. Usually this means having impairments. The majority of elders who responded would not be expected to be the elders being abused. Most of the respondents did not have disabilities that made it difficult to care for themselves, and they were not vulnerable to abuse because of having to rely on someone to help them meet their needs. This data needs to be strongly considered when looking at the lack of self-reports of abuse.

The elders who were reported as abused, however, more closely resembled estimates from other sources. Most of the abused were reported to have physical or mental impairments that made it difficult for them to care for themselves. Also three of the eight reported as abused lived in a nursing home/care facility.

O'Malley et al (1983) suggest that physical or mental impairments and/or social losses can interfere with the elderly person's ability to meet his/her own basic needs. This leads to dependence on a caregiver. Often an adult

child is that caregiver. Vulnerability to abuse and neglect increases as dependency on a caregiver increases. The caregiver must be able to deal with the stress of caregiving or abuse may occur.

Two daughters and two sons are listed as the abusers in this study. There is no way to tell from the data collected whether stress of the caregiver is an issue in the abuse. However, all but one of the elders abused by his/her son or daughter had physical or mental impairments that made it difficult to care for himself/herself. This provides some support for the dependency and stressed-caregiver theory (Johnson & Bursk, 1977; O'Malley et al, 1983).

Although the abused elder frequently lived with a relative in two studies (Block & Sinnott, 1979; Lau & Kosberg, 1979), and in other studies the abused lived with their abuser in the majority of cases (O'Malley et al., 1979; Gioglio & Blakemore, 1983), results of this study found only two abused, a couple, whose son lived with them and was the abuser.

A partial profile of the abused elders described in this study shows the majority to be females, 75 years old or older, with at least one physical or mental impairment that makes it difficult for them to care for themselves. These findings are congruent with those found in several other

studies (U.S. House Hearing, Steinmetz testimony, 1985; Block & Sinnott, 1979; Gioglio & Blakemore, 1983; O'Malley et al., 1979). Three other studies' findings were also supported by this study. These earlier studies found the majority of abused elders to be female and functionally dependent because of at least one impairment (Lau & Kosberg, 1979; Rathbone-McCuan, 1980; U.S. House, Maine and New Hampshire study, 1981).

The proportion of the U.S. population that is old is increasing while the elderly population itself is becoming older. There is a great increase in the population 75 years and older, and this has important implications. This group is the most vulnerable to physical, financial, social, and mental crisis requiring assistance from family and society (Steinmetz & Amsden, 1983). All but one of the abused elders reported in this study were 75 years old or older. The majority of the elders who were reported abused had physical or mental impairments that made it difficult to take care of themselves.

It is not surprising, after looking at the characteristics of the majority of respondents, to find no one reporting himself/herself as being abused. Most of the respondents do not fit the profile of abused elders suggested by various studies (U.S. House Hearing, Steinmetz

testimony, 1985; Block & Sinnott, 1979; Gioglio & Blakemore, 1983; O'Malley et al., 1979). How do you get a list of elders who are dependent, have difficulty caring for themselves, and are somewhat isolated? If the dependent elderly are being abused, the caretaker very likely would be able to hide the abuse. The elder might not be able to report the abuse or get help because of physical and/or mental impairments. The majority of respondents did not have difficulty caring for themselves. Most of them did not have impairments that might make it difficult to care for themselves. It appears from the data collected that most of the elder respondents were functioning on a fairly high, independent level. They were not isolated. Most of them were interacting with others and being social. That is not consistent with what would be expected to be seen with abused elders.

The number of times the elder communicated with other elders was important data to obtain, in part to check for isolation but also to make sure that the elder was around other elders and able to observe or hear about abuse of a friend or acquaintance. No reports of abuse of a friend or acquaintance would be expected if the respondent were not socializing with other elders.

The overall results of this study tend to support the theoretical framework of elder dependency. The few reports of abuse identify elders who were somewhat dependent. The respondents who reported no abuse occurring to themselves were able to care for themselves and had relatively few physical or mental impairments. They were not dependent.

Discussion Update

This study provides support for the first part of Pillemer and Wolf's (1986) assertion that "approximately 75% of older adults are physically, psychologically, and financially independent, despite the fact that 85% of them have at least one chronic illness" (p.126). Kosberg (1988) asserts that elder abuse remains largely invisible. The ideas that those in the helping professions need to be aware of the characteristics of high-risk elderly and high-risk caregivers, and follow with being cautious in making placement decisions for frail and vulnerable family member, is argued. These ideas support this study's views about the importance of education regarding elder abuse and neglect and the role that nurses and other professionals can play in protecting, identifying, and advocating for the vulnerable elderly.

According to Bowers (1987) "efficacy of nursing interventions depends on the nurses' ability to assess family involvement in the care of older parents" (p. 30). Bower's thoughts emphasize this study's view that nurses are in an ideal situation to protect and advocate for the elderly.

Pillemer and Finkelhor (1988) stress the importance of education for elderly and service providers. Kosberg (1988) also stresses the importance of education in dealing with the problem of elder abuse and neglect. This study concurs with these recommendations.

The Toledo Ohio Elder Abuse Task Force (cited in Pillemer & Wolf, 1986) reports 12% of the community respondents stated they knew of a case of elder abuse compared to just over 2% of the respondents in this study knowing of an acquaintance who was being abused. However, this is difficult to accurately compare, as the characteristics of the Ohio respondents, such as age or occupation, are not known. It may make a difference if only elderly or if all ages are polled. Also, service workers may have been included as respondents in the Ohio survey which would probably affect the reports of abuse. Finally, in this survey elderly reported only their own abuse or abuse of an acquaintance. It is not known exactly what was

reported in the Ohio study.

Stress as a caregiver characteristic or a motivator of abuse was noted in the most current studies (Pillemer & Finkelhor, 1988; Kosberg, 1988; Bowers, 1987; Wolf et al., 1982 & Ohio Elderly Abuse Task Force, 1984 as cited in Pillemer & Wolf, 1986; Chen et al., 1981). These findings agree with previous studies and provide support for the theoretical position taken in this study.

Some of the results of Pillemer and Finkelhor's (1988) study were similar to those in this study. The study design was also similar to a certain degree. A random sample of elderly (65 years old or older) was used in both studies. They had 60% females where this study had that percentage of males as respondents. Why the opposite result? Is it a difference between the Boston metropolitan area and Iowa, or maybe the bias of the sample in this study (heads of households)? Both studies found the highest percent of the respondents to be in the 65-to-74-year-old range. This study found 60% of the respondents living with a spouse in contrast to Pillemer and Finkelhor's (1988) 37%, although another 10% lived with a spouse and someone else, so really the results were fairly similar. Thirty-five percent lived alone in this study compared to 40% in the Boston study. Poor health's increasing the likelihood of abuse was found

in both studies.

Chen et al. (1981) pointed out that in the first contact with service practitioners the victim's initial typical reactions were denial of the problem and reluctance to ask for and accept help, along with unwillingness to discuss symptoms. Previous literature has also made similar statements. The possibility must be considered that some respondents in this study might not have reported and admitted to being abused. However, because of the disparity between characteristics of the majority of respondents and the common characteristics of abused elders, it is felt that there would be very few respondents that might fall into this category.

For the most part, the most recent studies provide support for many of the early studies and findings. The Pillemer and Finkelhor (1988) study adds a great deal to the knowledge base of elder abuse and neglect.

Limitations

A limitation of the study was possible duplications in responses due to the fact that two surveys were mailed to each subject. There is no guarantee some subjects did not send back the second survey after also sending in the first one, thereby causing a duplication. The follow-up or second

cover letter stressed the point of returning only one survey. The guarantee of anonymity prevented any type of coding to check for duplications. It was believed that the anonymity was more important. The concern is tempered by noting that 24 subjects sent a note, (some returned the blank second survey also), after the second mailing to say they had sent the first one back filled out. It should be noted that these 24 responses were, of course, not included in any of the response rates.

Another problem was that of the mailing list that was used to draw the sample. Only a person listed in the data bank as a head of household **and** 65 years old or older was eligible for inclusion in the sample. In cases where an elderly couple resides together, the sampling bias would be toward the male. In our society, the male is generally considered the head of household, especially by those in the elderly age groups. Is that why so many more males answered the survey? The number of males and females included in the sample of 500 is not known. Was there a very large sampling bias toward males in the sample to account for the 62% to 38% male to female ratio in the respondent's sex? Or does some of the difference come from more males agreeing to participate and more females not? Based on the 1980 Census of Population, the percent of population in Iowa age 65

years old and older is approximately 40% male and 60% female. The respondents in this study did not correspond to this state proportion.

The sample also produces concern that the elders one would expect to be abused based on profiles from other studies (U.S. House Hearing, Steinmetz testimony, 1985; Block & Sinnott, 1979; Gioglio & Blakemore, 1983; O'Malley et al., 1979) may not have been represented. The great majority of the respondents were not isolated and dependent because of mental and/or physical impairments. Most of the respondents were not living with a caregiver. The majority of subjects were able to care for themselves. The responding sample was almost two-thirds male, and most studies have found females to primarily be the victims of elder abuse (U.S. House Hearing, Steinmetz testimony, 1985; Block & Sinnott, 1979; Gioglio & Blakemore, 1983; O'Malley et al., 1979; Lau & Kosberg, 1979; Rathbone-McCuan, 1980). Based on all these factors, one might expect higher rates of abuse if the "right" elderly people were surveyed. However, the question remains, how does one find and get a list of the elders who have the traits that would be anticipated to make them vulnerable to be victims of abuse?

The mailing list utilized most likely did not include people who are being cared for by others. If the elder has

a family caregiver, the elder most likely lives in the home of that caregiver. Studies suggest that most often an elder is cared for by a relative as a caregiver (Steinmetz & Amsden, 1983; Brody, 1985; U.S. House, 1985). An elder with a caregiver, therefore, most likely would not be considered a head of household. The nature of the list used as the sampling frame was such that many of the potentially abused may not have been included.

Since the inception and data collection of this study, a mandatory reporting law for dependent adult abuse (which includes those 65 years old and older) has gone into effect in Iowa (Iowa Code Chapter 235B). A public and professional awareness and education campaign has begun. Professionals (such as nurses, doctors, social workers) who deal with the elderly and other dependent people age 18 years and older are required to obtain at least two hours of training regarding the law and identification of dependent adult abuse. As professional and public education regarding the problem of elder abuse increases, it is hoped more and more people will be thinking about, looking for, recognizing, and reporting this abuse. A follow up of this study, in two to five years, after the implementation of the mandatory reporting law might be very interesting and informative.

Often the elderly are stereotyped in a negative light. This may include seeing them as not functionally independent

and not contributing members of society. Many of the elderly, and the majority of the respondents in this study, are able to care for themselves and lead active lives. They are willing to participate and add to the knowledge out in the world, if asked and given a chance. A response rate of 80% on a survey dealing with an issue as sensitive as abuse of the elderly points to quite a potential. The elderly can be a wonderful source of much knowledge. People can take notice and learn from this study. Many elderly are able and willing to cooperate by providing information and knowledge.

To a certain degree, this study points out the difficulty in identifying abused elders. They may be hidden. Nurses and other professionals, and even the public in general, must be made aware of the problem of abuse of the elderly and how to identify it so that this hidden problem comes out into the open. Professional and public educational programs are needed. The training required for mandatory reporters is a good step in this direction.

Further research is needed to quantify more accurately the number of people who are being abused as well as discover who is abusing and who is being abused. Obtaining estimates of the number of abused elders and identifying traits that make one vulnerable to elder abuse and to abusing would be very beneficial to professionals and the public who can be alert for and monitor for problems, and

also to those who direct social policy.

An ultimate goal is the prevention of abuse of the elderly. Further research to develop and test theories of causation is needed to work toward that goal.

Nurses are in a unique position to advocate for the elderly. They see and deal with elders in various settings. The trends in home care and outpatient treatment are especially ideal situations for nurses. Nursing can play a crucial role in elder abuse through activities of prevention, identification, and intervention.

Nurses are also in a unique situation to be able to observe relationships between elders and family members, and elders and their caretakers. They can monitor stress levels, provide care and assistance, and be advocates. They can be alert to variables related to stress in caretakers and vulnerability in elders that may lead to abuse. The study data is significant to nursing in helping to understand that nurses can have a big impact on elder abuse prevention and identification. Nurses are in an ideal situation to study the conditions that lead to and are present in abuse situations.

The demographics of the nation and Iowa especially, make the issue of elder abuse vitally important now and for the future. People are living longer, therefore the number of elderly is increasing. Professionals and people in general

need to be alert for abuse occurring and to recognize dependent adults who are especially vulnerable. Elders with impairments appear to be at risk.

Further study is important to assist in the identification of those elderly who are being abused. In doing this, it is hoped that the characteristics of the abused can be identified. One of the goals is to be alert to those who are vulnerable to abuse so we can begin to intervene and ultimately prevent abuse. Along with that is the need to identify the characteristics of the abusers. Learning who abuses the elderly and why, and in what situations, could be a step in prevention also, at least in early identification and intervention.

Elder abuse is a problem nursing must address.

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FIGURE 1: POPULATION OF URBAN RESPONDENTS' CITY OF RESIDENCE

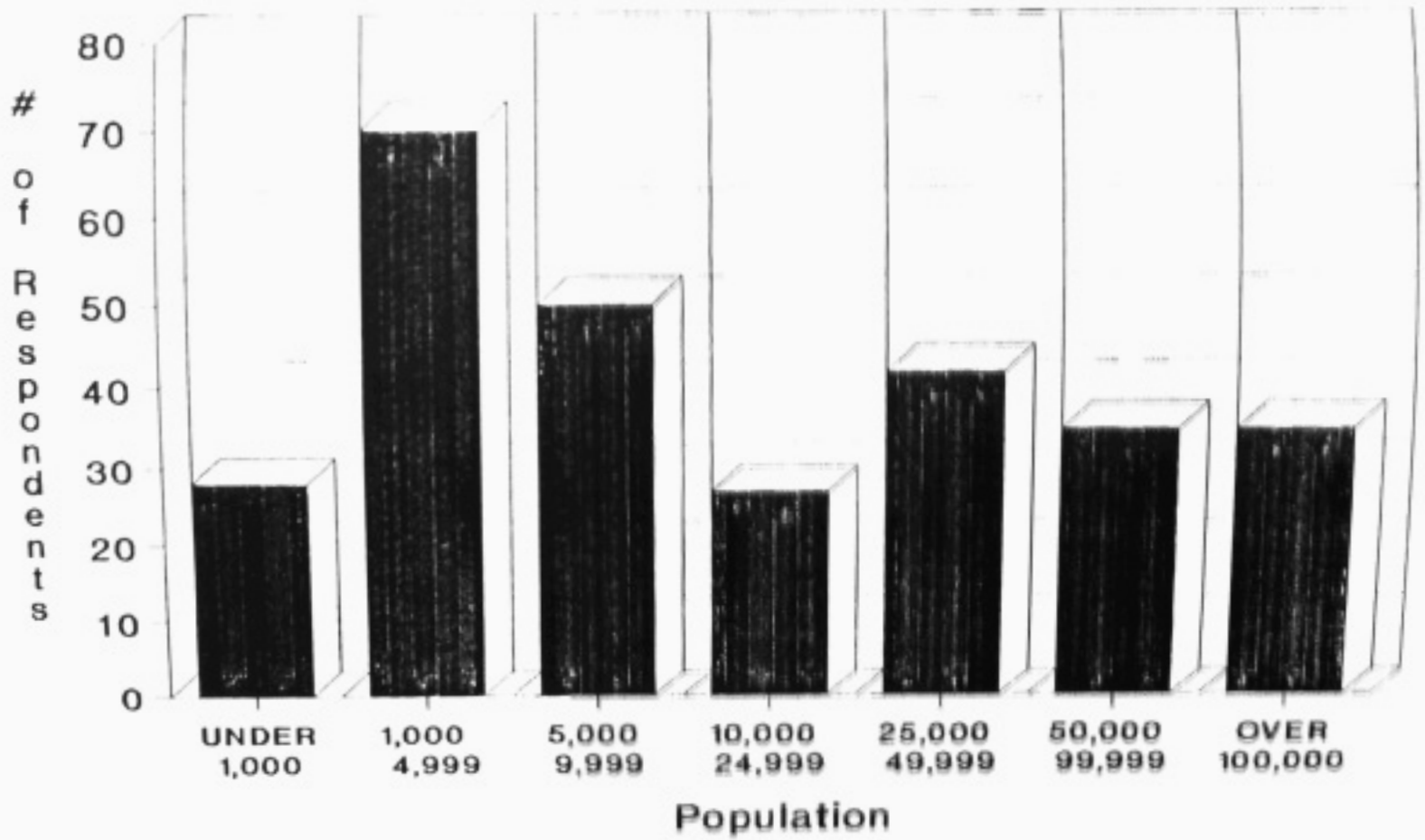


FIGURE 2: LIVING ARRANGEMENT OF RESPONDENT

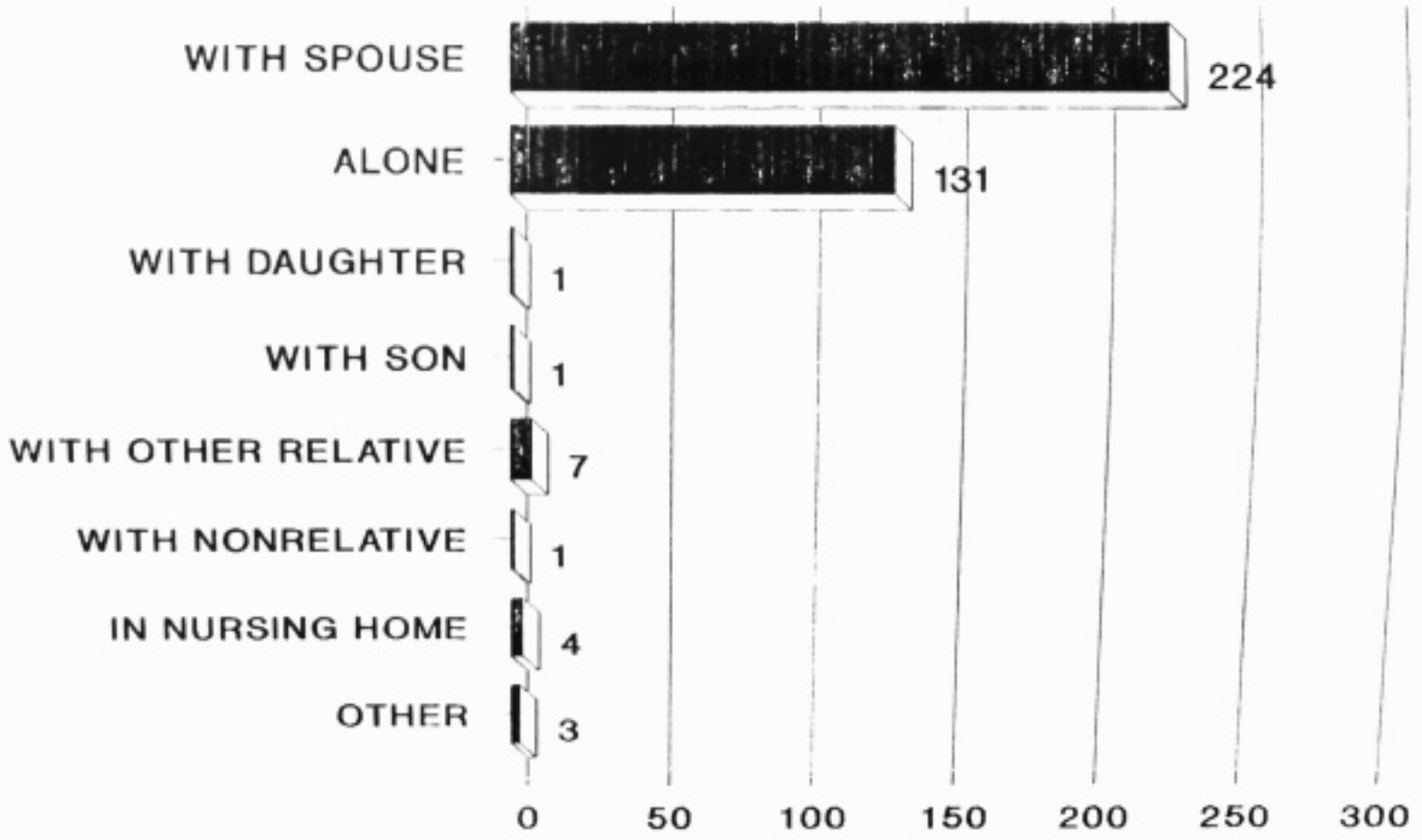
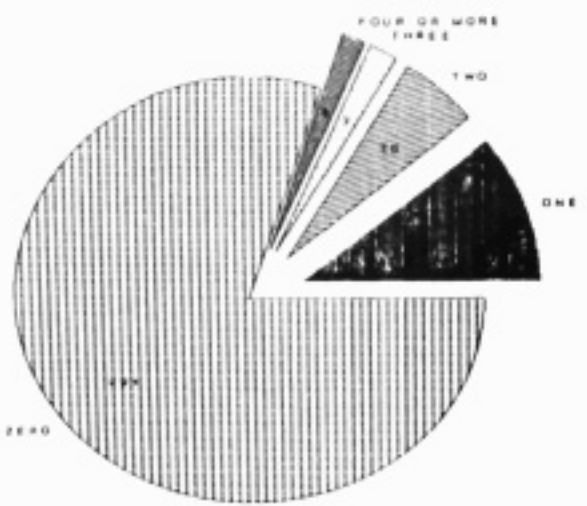


FIGURE 3: PHYSICAL OR MENTAL IMPAIRMENT



TOTAL SAMPLE

IMPAIRED SAMPLE

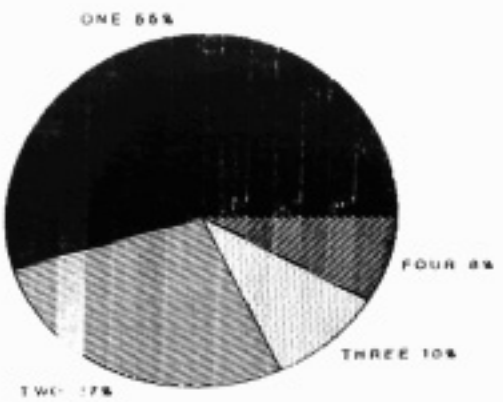


FIGURE 5: IS ABUSE OF THE ELDERLY A PROBLEM IN IOWA

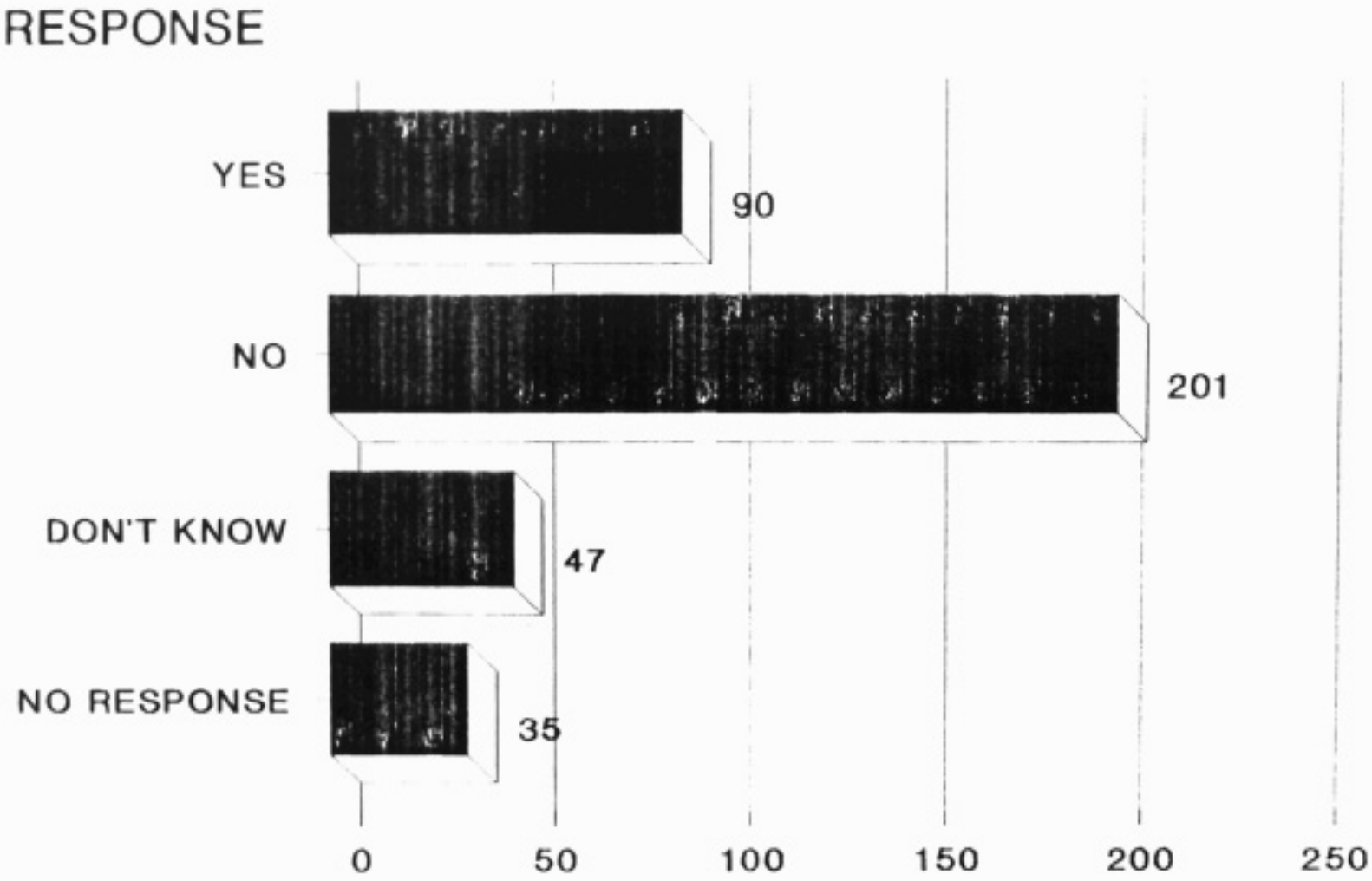


FIGURE 4: COMMUNICATION WITH OTHERS 65 YEARS OLD OR OLDER

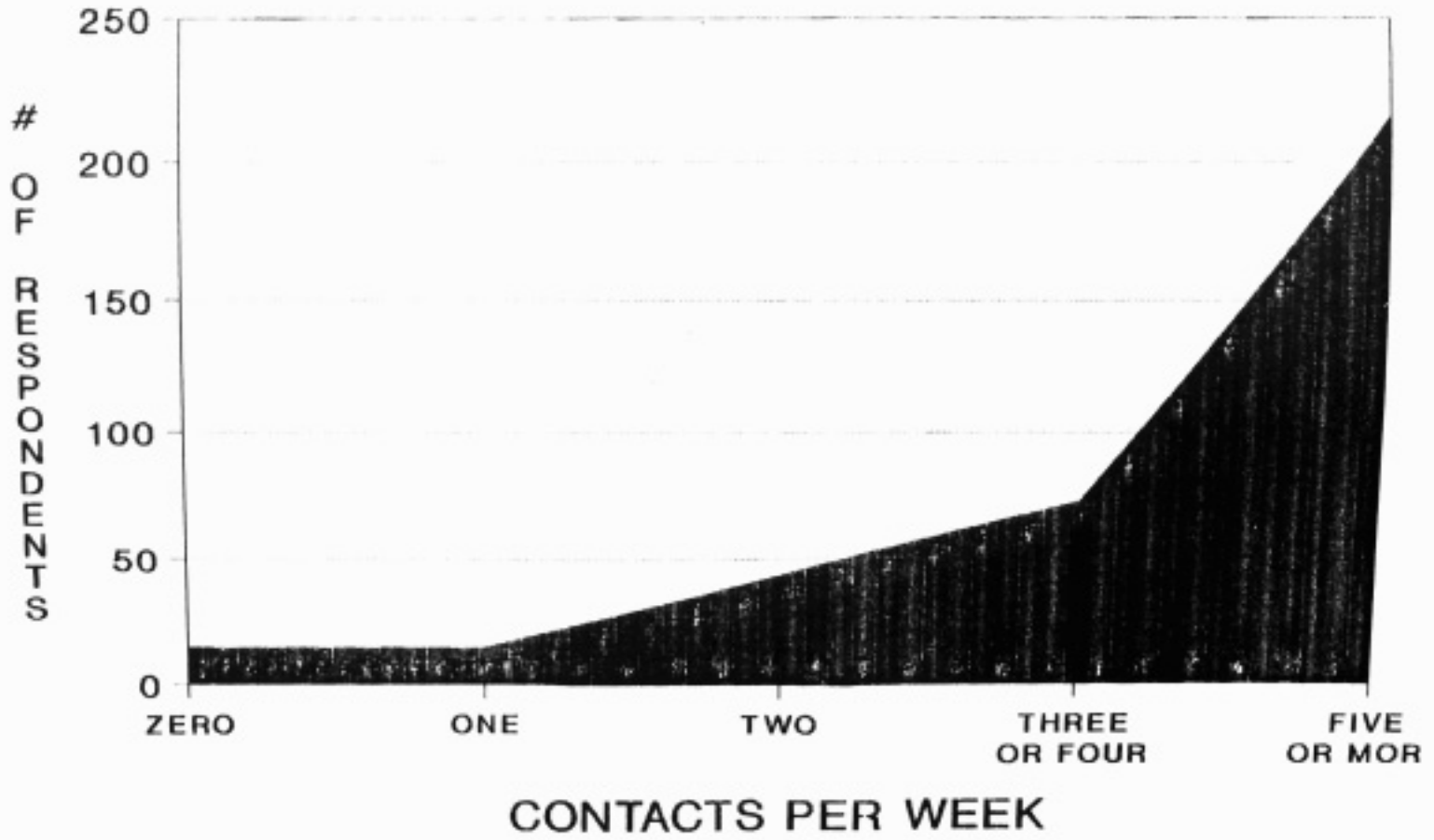


FIGURE 6: COMPARISON OF POPULATION AND RESPONDENTS IN EACH AGE GROUP OVER 65 YR

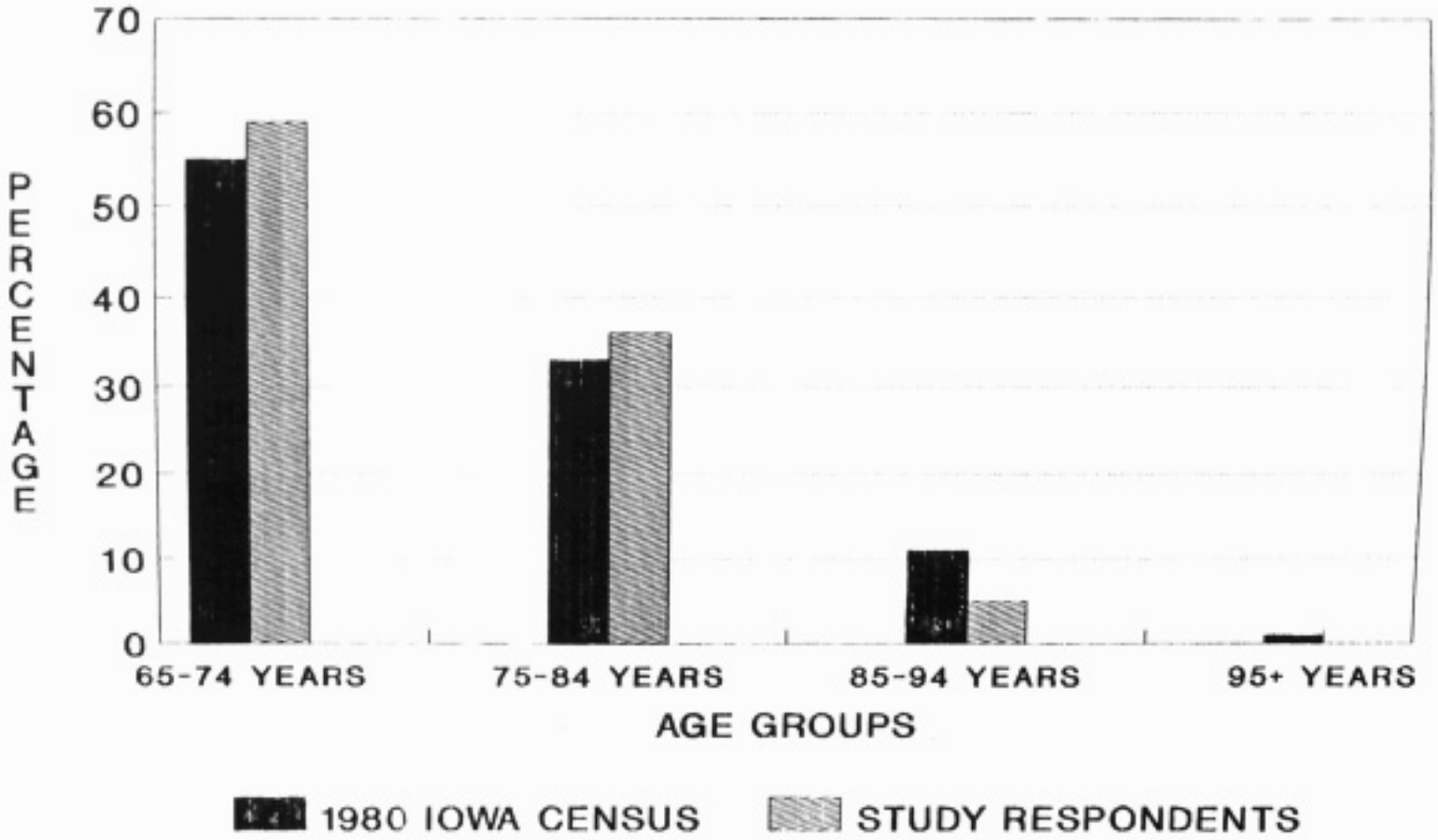


TABLE 1: RESPONSE RATES

RECEIVED	1st MAILING RESPONSE	2nd MAILING RESPONSE
DAY 0	Mailed	Mailed
DAY 1	Author received test	0.
DAY 2	6.	Author rec'd test +2
DAY 3	78.	9.
DAY 4	64.	Sunday
DAY 5	Sunday	42.
DAY 6	43.	18.
DAY 7	20.	15.
SUBTOTAL (7 DAYS)	211.	96.
% OF TOTAL	52.	24.
TOTAL THIS MAILING	288.	116.
% OF TOTAL	71.	29.

TABLE 2: CHARACTERISTICS OF ELDERS WHO REPORTED KNOWING OF ABUSE OF ANOTHER ELDER

CHARACTERISTIC	RESPONSES	
SEX	6 MALE	2 FEMALE
LIVING ARRANGEMENT	5 WITH SPOUSE	3 ALONE
RESIDENCE •URBAN POPULATION	6 CITY •2 1K TO 4,900 •2 10K TO 24,999 •2 25K TO 49,000	2 RURAL
NUMBER OF IMPAIRMENTS	4 ZERO 0 TWO	3 ONE 1 THREE
CONTACTS WITH OTHERS 65 OR OLDER PER WEEK	6 FIVE OR MORE	2 THREE OR FOUR

TABLE 3: ELDERS REPORTED AS ABUSED

VARIABLE:	RESULTS:	
SEX:	2 Male	6 Female
AGE:	1 65-74 5 75-84	2 85-94
IMPAIRMENTS:	2 Zero 1 One	3 Two 2 Three
LIVING ARRANGEMENT:	2 With adult son	3 Alone 3 Nursing home/ care facility
RESIDENCE: CITY POPULATION:	6 City 2 1K - 4,900 2 10K - 24,999 2 25K-49,999	2 Rural

TABLE 4: ELDER RESPONSE AND ABUSE RATES

FELDMAN	BLOCK & SINNOTT	GIOGLIO & BLAKEMORE
373/600 (76%) mail Useable responses	73/443 (16%) mail Useable responses	342 interviews
8/373 people reported a case of abuse (2%)	3/73 people reported a case of abuse (4%)	16/342 people reported a case of abuse (5%)
16/373 cases of abuse reported (4%)		23/342 cases of abuse reported (7%)
0 people reported themself as abused		5 people reported themself as abused (1%)

SURVEY

EASE COMPLETE THE FOLLOWING QUESTIONS BY PLACING A MARK BY THE APPROPRIATE
SWER OR FILLING IN THE BLANK. PLEASE DO NOT SIGN YOUR NAME. YOUR ANONYMITY
D PRIVACY ARE GUARANTEED, NO ONE WILL KNOW WHO ANSWERED THESE QUESTIONS.
EN YOU HAVE FINISHED ANSWERING THE QUESTIONS, PLEASE PLACE THE SURVEY IN THE
CLOSED STAMPED AND ADDRESSED ENVELOPE AND MAIL. THANK YOU VERY MUCH FOR YOUR
E AND ASSISTANCE.

MICHELE FELDMAN R.N.

GRADUATE STUDENT IN NURSING

DRAKE UNIVERSITY

3100 CLEVELAND

DES MOINES, IOWA 50317

1. YOUR SEX ? FEMALE _____ MALE _____

2. YOUR AGE ? 65 - 74 _____ 85 - 94 _____

75 - 84 _____ 95 & OVER _____

3. YOUR PLACE OF RESIDENCE ? RURAL _____ CITY _____

IF CITY, POPULATION:

UNDER 1000 _____ 25,000 - 49,999 _____

1,000 - 4,999 _____ 50,000 - 99,999 _____

5,000 - 9,999 _____ OVER 100,000 _____

10,000 - 24,999 _____

YOU LIVE :

WITH SPOUSE _____ WITH OTHER RELATIVE _____

ALONE _____ WITH NONRELATIVE CARETAKER _____

WITH DAUGHTER _____ IN NURSING HOME/CARE FACILITY _____

WITH SON _____ OTHER _____

SPECIFY IF OTHER _____

IS IT DIFFICULT FOR YOU TO TAKE CARE OF YOURSELF ?

NO _____ YES _____

DO YOU HAVE A PHYSICAL OR MENTAL IMPAIRMENT OF ANY TYPE ?

NO _____ YES _____

IF YES, HOW MANY IMPAIRMENTS ?

1 _____ 2 _____ 3 _____ 4 OR MORE _____

HOW MANY TIMES A WEEK DO YOU COMMUNICATE (BY MAIL, PHONE OR IN PERSON) WITH OTHER PEOPLE AGE 65 YEARS OR OLDER?

0 _____ 1 _____ 2 _____ 3 OR 4 _____ 5 OR MORE _____

****

FOR THIS STUDY, **ABUSE** IS DEFINED AS: AN OMISSION OR ACT BY A RELATIVE OR CARETAKER THAT RESULTS IN HARM TO THE HEALTH OR WELFARE OF AN INDIVIDUAL. TYPES OF ABUSE AND EXAMPLES OF EACH INCLUDE: **FINANCIAL ABUSE** SUCH AS STEALING MONEY OR SELLING THINGS BELONGING TO THE ADULT OVER 65 YEARS; **PHYSICAL ABUSE** WHICH INCLUDES **SEXUAL ABUSE**, SLAPPING, AND BEATING; **PSYCHOLOGICAL ABUSE** SUCH AS NAME CALLING, AND THREATS; **NEGLECT** INVOLVING NOT PROVIDING ADEQUATE NUTRITION, NEEDED MEDICATIONS, OR PERSONAL CARE.

0. DO YOU FEEL ABUSE OF THE ELDERLY IS A PROBLEM IN IOWA ?

NO _____ YES _____

1. DO YOU KNOW OF A FRIEND OR ACQUAINTANCE 65 YEARS OLD OR OLDER WHO IS BEING ABUSED ? NO _____ YES _____

IF YES, HOW MANY ? 1 ____ 2 ____ 3 ____ 4 ____ MORE ? ____

PLEASE GIVE THE INITIALS OF THE PERSON OR PERSONS ABUSED:

_____ _____ _____ _____ _____ _____

3. ARE YOU BEING ABUSED ? NO _____ YES _____

** IF YOU DO NOT KNOW OF ANYONE WHO IS BEING ABUSED AND YOU ARE NOT BEING ABUSED, YOU MAY STOP ANSWERING QUESTIONS NOW. THANK YOU VERY MUCH FOR YOUR HELP. **

** IF YOU DO NOT KNOW OF ANYONE EXCEPT YOURSELF WHO IS BEING ABUSED PLEASE GO TO QUESTION NUMBER 20. **

** THE FOLLOWING QUESTIONS REFER TO THE PERSON OR PERSONS LISTED ABOVE WHO HAVE BEEN ABUSED. IF YOU KNOW OF MORE THAN ONE PERSON, PLEASE PLACE THEIR INITIALS IN THE APPROPRIATE SPACE TO ANSWER THE QUESTIONS. IF YOU KNOW OF JUST ONE, JUST PLACE A MARK IN THE APPROPRIATE SPACE.

4. THEIR SEX ? MALE _____ FEMALE _____

5. THEIR AGE ? 65 - 74 _____ 85 - 94 _____

75 - 84 _____ 95 & OVER _____

LIVES:

WITH SPOUSE _____ WITH OTHER RELATIVE ____

ALONE _____ WITH NONRELATIVE CARETAKER ____

WITH DAUGHTER _____ IN NURSING HOME/CARE FACILITY ____

WITH SON _____ OTHER ____

SPECIFY IF OTHER _____

THEIR PLACE OF RESIDENCE ? RURAL _____ CITY ____

IF CITY, POPULATION:

UNDER 1,000 _____ 25,000 - 49,999 ____

1,000 - 4,999 _____ 50,000 - 99,999 ____

5,000 - 9,999 _____ OVER 100,000 ____

10,000 - 24,999 _____

DOES THIS PERSON HAVE A PHYSICAL OR MENTAL IMPAIRMENT THAT MAKES IT DIFFICULT TO TAKE CARE OF THEMSELF ?

NO _____ YES _____

IF YES, HOW MANY IMPAIRMENTS ?

1 _____ 2 _____ 3 _____ 4 OR MORE _____

HOW MANY TIMES HAS THE ABUSE OCCURRED ? DON'T KNOW ____

ONCE _____ TWICE _____ SEVERAL TIMES _____ CONTINUOUSLY ____

THESE QUESTIONS ARE ABOUT THE ABUSER OR ABUSERS. IF YOU IDENTIFIED MORE THAN ONE ABUSED PERSON ABOVE, PLEASE PLACE THEIR INITIALS IN THE APPROPRIATE SPACE TO ANSWER THESE QUESTIONS ABOUT THEIR ABUSER OR ABUSERS. IF YOU IDENTIFIED JUST ONE ABUSED PERSON, JUST PLACE A MARK IN THE APPROPRIATE SPACE.

ABUSER'S SEX ? MALE _____ FEMALE ____

7. ABUSER'S AGE ?

UNDER 18 _____ 50 - 64 _____

19 - 24 _____ 65 - 74 _____

25 - 34 _____ 75 - 84 _____

35 - 49 _____ 85 & OVER _____

8. DOES THE ABUSER LIVE WITH THE ELDER ? NO _____ YES _____

9. ABUSER'S RELATIONSHIP TO THE ELDER ?

SPOUSE _____ OTHER RELATIVE _____

DAUGHTER _____ NONRELATIVE CARETAKER _____

SON _____ OTHER _____

SPECIFY IF OTHER _____

* IF YOU ARE NOT BEING ABUSED, YOU MAY STOP ANSWERING QUESTIONS HERE. THANK OU FOR YOUR TIME AND ASSISTANCE. **

* IF YOU ARE BEING ABUSED, THESE QUESTIONS ARE ABOUT THE PERSON OR PERSONS BUSING YOU.

0. ABUSER'S SEX ? MALE _____ FEMALE _____

1. ABUSER'S AGE ?

UNDER 18 _____ 50 - 64 _____

19 - 24 _____ 65 - 74 _____

25 - 34 _____ 75 - 84 _____

35 - 49 _____ OVER 85 _____

2. DOES THE ABUSER LIVE WITH YOU ? NO ____ YES ____

23. ABUSER'S RELATIONSHIP TO YOU ?

SPOUSE	_____	OTHER RELATIVE	_____
DAUGHTER	_____	NONRELATIVE CARETAKER	_____
SON	_____	OTHER	_____
		SPECIFY IF OTHER	_____

24. HOW MANY TIMES HAS THE ABUSE OCCURRED ?

ONCE _____ TWICE _____ SEVERAL TIMES _____ CONTINUOUSLY _____

** THANK YOU VERY MUCH FOR YOUR VALUABLE INPUT **

1/5/88

MICHELE FELDMAN

3100 CLEVELAND

DES MOINES, IOWA 50317

DEAR

I AM A GRADUATE STUDENT IN NURSING AT DRAKE UNIVERSITY CONDUCTING A RESEARCH STUDY ON ABUSE OF THE ELDERLY. THE PURPOSE OF MY STUDY IS TO GAIN INFORMATION THAT MAY HELP IN THE IDENTIFICATION AND PREVENTION OF, AS WELL AS INTERVENTION IN ELDER ABUSE. TO FIND OUT WHAT IS HAPPENING TO THE ELDERLY, I NEED HELP FROM INFORMED PEOPLE AGE 65 YEARS OR OLDER, SUCH AS YOURSELF. YOUR ANSWERS TO THIS SURVEY ARE VERY IMPORTANT TO THE SUCCESS AND ACCURATENESS OF THIS STUDY.

YOUR ANONYMITY AND PRIVACY WILL BE MAINTAINED. YOUR ANSWERS WILL NOT BE CONNECTED WITH YOUR NAME IN ANY WAY. NO ONE WILL KNOW IF YOU PARTICIPATE IN THIS STUDY.

I WOULD APPRECIATE YOUR TAKING THE TIME TO COMPLETE AND MAIL THE SURVEY IN THE ENCLOSED STAMPED AND ADDRESSED ENVELOPE RIGHT AWAY. I NEED THEM BACK BY 1/19/88.

IF YOU WOULD LIKE RESULTS FROM THE COMPLETED STUDY, PLEASE MAIL ME A NOTE WITH YOUR REQUEST, NAME, AND ADDRESS OR PLACE A SEPARATE NOTE IN THE SURVEY RETURN ENVELOPE WITH YOUR REQUEST, NAME, AND ADDRESS. EITHER WAY, YOUR NOTE WILL BE DESTROYED AND WILL NOT BE CONNECTED TO YOUR SURVEY ANSWERS. IF YOU HAVE ANY QUESTIONS ABOUT THIS STUDY, PLEASE FEEL FREE TO CALL DR. LINDA BRADY, DIRECTOR OF THE DIVISION OF NURSING AT 515-271-2830 OR ME AT 515-266-0325.

THANK YOU VERY MUCH FOR YOUR VALUABLE TIME AND ASSISTANCE.

Sincerely,

Michele Feldman

JANUARY 26, 1988

MICHELE FELDMAN
3100 CLEVELAND
DES MOINES, IOWA 50317

DEAR

YOU RECEIVED A LETTER AND SURVEY FROM ME A FEW WEEKS AGO. I AM A GRADUATE STUDENT IN NURSING AT DRAKE UNIVERSITY CONDUCTING A RESEARCH STUDY ON ABUSE OF THE ELDERLY. THE PURPOSE OF MY STUDY IS TO GAIN INFORMATION THAT MAY HELP IN THE IDENTIFICATION AND PREVENTION OF, AS WELL AS INTERVENTION IN, ELDER ABUSE.

THANK YOU VERY MUCH IF YOU COMPLETED THE SURVEY AND MAILED IT BACK TO ME. IF YOU HAVE NOT YET COMPLETED THE SURVEY AND RETURNED IT TO ME, I ASK YOU TO PLEASE TAKE THE TIME TO DO IT NOW. I NEED TO HAVE ALL THE RESULTS BY FEBRUARY 9, 1988. YOUR ANSWERS ARE VERY IMPORTANT TO THIS STUDY. A STAMPED AND ADDRESSED ENVELOPE IS ENCLOSED TO RETURN THE COMPLETED SURVEY. ANOTHER SURVEY IS ENCLOSED IF YOU NEED IT. HOWEVER, PLEASE FILL OUT AND RETURN ONLY ONE SURVEY.

YOUR ANONYMITY AND PRIVACY WILL BE MAINTAINED. YOUR ANSWERS WILL NOT BE CONNECTED WITH YOUR NAME IN ANY WAY. NO ONE WILL KNOW IF YOU PARTICIPATE IN THIS STUDY.

IF YOU HAVE ANY QUESTIONS ABOUT THIS STUDY, PLEASE FEEL FREE TO CALL DR. LINDA BRADY, DIRECTOR OF THE DRAKE UNIVERSITY DIVISION OF NURSING AT 515-271-2830 OR ME AT 515-266-0325.

THANK YOU VERY MUCH FOR YOUR VALUABLE TIME AND ASSISTANCE.

SINCERELY,

Michele Feldman